

**IMPLEMENTATION UPDATE GUIDE
FOR CHCS S/W VERSION 4.51 TO VERSION 4.6
FOR PAS**

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HOW TO USE THIS DOCUMENT

The Implementation Update Guide (IUG) is a reference manual for the implementation of CHCS Version 4.6. There is an IUG for each functionality. This IUG is applicable to the Patient Appointment and Scheduling (PAS) subsystem.

The Table of Contents provides an outline of the information contained in this guide. The document is divided into the following sections:

1. SUMMARY OUTLINE - This section is a brief overview of all changes, and can be used as a hand-out to all users.
2. SUBSYSTEM CHECKLIST - This section contains a step by step list of pre- and post-installation implementation activities.
3. CHANGES AND ENHANCEMENTS - This section contains a description of each change with subsections including an Overview, Detail of Change, and File and Table Change.
4. APPENDIXES - Each appendix contains applicable information pertaining to the implementation of Version 4.6 including Common File changes, and a Master Checklist for all Subsystems.

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1. SUMMARY OUTLINE.

1.1 OUTPATIENT ENCOUNTER FORM ENHANCED.

Three new fields were added to the Outpatient Encounter Form (SF600), which now displays: AGE, ALLERGIES, and INSURANCE YES/NO.

1.2 APPOINTMENT ORDER PROCESSING SCREEN ENHANCED.

The Appointment Order Processing (AOP) screen now includes two new fields: the patient's military status (Beneficiary Category) and the patient's Alternate Care Value (ACV). The priority of the appointment order is now displayed as text instead of a number (e.g. STAT, ASAP, PREOP, or ROUTINE).

1.3 PAS DEERS INELIGIBILITY REPORT MODIFIED.

The PAS DEERS Ineligibility Report identifies those PAS patients who have failed the DEERS check within the last 24 hours. This report can be sorted by group or division or clinic. It can now also be sorted by clinics within a division, and includes a page break after each clinic selected.

1.4 CHCS HOST PLATFORM NAME.

For clarity in statistical reporting, the Facility Profile (FPRO), has been changed to a Host Platform Profile (HPRO). In Version 4.5 the Facility Profile designated only one of the exiting MTFs on a platform to serve as the facility name for all MTFs on that platform. That facility name appeared in the header of most PAS reports.

With Version 4.6, the Host Platform name will serve as a generic name which will support all MTFs that use the platform. The specific MTF name will remain in the header of most PAS reports.

1.5 SCHEDULE SEARCH BY SERVICE TYPE.

In support of the Outpatient Divided Workcenter (OPDWC), a PAS user may now search for available appointments across all divisions (to which they have access) when they select Service Type as the primary search criteria on the PAS Booking (BOK) option.

1.6 AMBULATORY PROCEDURE VISITS.

A new appointment scheduling and tracking process has been created for same day outpatient procedures, formerly Same Day Surgeries, now referred to Ambulatory Procedure Visits (APVs).

Requests for APV appointments can be generated by the Health Care Providers and sent to the PAS booking personnel for scheduling, or APV appointments can be directly scheduled by PAS booking personnel.

An appointment order request (APR) creates an APV order page in the Clinical Order Entry software where Laboratory, Radiology or Pharmacy orders can be linked to the APV appointment. Once the patient keeps the appointment, the orders become active for use on the day of the surgery.

The check-in process, which activates the order page and creates a tracking number, can be accomplished several ways. The site may use Individual Patient Check In (IPC), Minutes of Service (MAPV) or End of Day (EOD).

Once the patient has checked in and the orders are activated, several products can be generated such as the APV embosser card, the APV wristband or the APV encounter cover sheet. A separate APV medical record can then be generated, and once the procedure is complete, minutes of service can be entered detailing the arrival, departure, and nursing intervention times as well as the disposition of the patient.

1.7 PAS DISCREPANCY AVOIDANCE REPORT.

CHCS checks for discrepancies (i.e., pending appointments, wait list requests, or PCM assignments) when any Provider or Place of Care is inactivated. The system prompts you to generate the PAS Discrepancy Avoidance Report and transmits the data via a mail bulletin to the appropriate PAS/MCP mail group (i.e., SDSMGR or CPZMGR) notifying members of any discrepancies found.

1.8 PATIENT'S DEERS INFORMATION DISPLAYED.

DEERS maintains all Tricare enrollment information for all patients. Whenever a patient attempts to access medical care at an MTF and they are Tricare enrolled at a different facility on a different system, CHCS will download the enrollment information and store it in the patient file.

Patients affected are those with ACVs of Active Duty (A), TRICARE Senior Option (D), or CHAMPUS (E). The information contained in DEERS includes the ACV (code and description), DMIS ID (code and description), Region Code, PCM Phone, PCM location description, date of last DEERS Check, Direct Care eligibility, Champus eligibility, eligibility start and stop dates, and Medicare eligibility.

This information will display on the Enrollment/Empanelment Information screen for Mini and Full registration for both locally empaneled and remotely enrolled patients with ACVs of Active Duty (A), TRICARE Senior Option (D), or CHAMPUS (E). For patients with an ACV of C or N, a prompt will allow the user to display the eligibility information in Mini Registration.

Some of the DEERS information is also displayed during the booking process. A booking clerk in a PAS clinic with the **Enrollee Lockout** enabled, will be able to view the PCM's phone number, the PCM's location, and the date of the patient's last eligibility check on DEERS for all enrolled patients. This applies to patients enrolled locally as well as those enrolled in another region.

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2. SUBSYSTEM CHECKLIST.

2.1 USER TRAINING.

Recommend a two-hour PAS demonstration (1 hour for APV users; 1 hour for all other PAS users) that should be attended by Facility Trainers, Booking personnel, Clinic Supervisors, and PAS file and table POCs.

2.2 IMPLEMENTATION ISSUES.

- A. SCHEDULE SEARCH BY SERVICE TYPE: The files must be reviewed to ensure that the clinic profiles contain the correct service. There are 2 ad hocs provided in Appendix E, The Familiarization Training Plan, that lists existing departments, services and clinics. Once the correct services have been attached to each clinic, the Service Type combination file must be populated through BFIL.
- B. AMBULATORY PROCEDURE VISITS: All Ambulatory Procedure Units must be built and contain providers with profiles, templates and schedules. There is an ad hoc provided in Appendix E, the Familiarization Training Plan, that lists existing APUs and associated providers, which may have already been created for use with ADS.

An embosser card printer and a label printer must be made available to the APUs so they can print the APV embosser card and APV wristband upon patient check-in.

2.3 INTEGRATION ISSUES.

- A. HOST PLATFORM NAME: The Host Platform Name is determined by the site and entered through the Common Files. Until this change is made, the Host Platform Name defaults to the existing Facility Name.

- B. AMBULATORY PROCEDURE VISITS: Ambulatory visits impact all other functionalities. All Ambulatory Units must be created and/or updated with the proper MEPRS code and Location Type in the Common Files.

Personnel in the ancillaries must be trained in the proper use of APUs, and PAS booking personnel must be made aware of the correct APV workflow.

A separate APV record room must be built for use with APVs through the record tracking (MRT) software menus.

The embossed card must be created through the PAD files.

2.4 FILE AND TABLE CHANGES.

All clinic profiles need to be reviewed to ensure that they carry the correct service so that booking can search by service within and across divisions.

The site must populate the Service Type file through PAS (BFIL) after the V4.6 installation.

APV clinics must be set up correctly in the Hospital Location file and all PAS profiles, provider profiles and schedules must be created. PAS personnel must have APV booking security keys.

Record tracking file rooms must be created for APV records. APV file room security keys must be assigned to APV PAS users.

The SD WEEKLY CLEANUP task should be tasked to run weekly. The SD INACTIVATE PROVIDER and SD INACTIVATE PLACE OF CARE bulletins must be attached to the appropriate PAS and MCP mailgroups.

2.5 SECURITY KEYS.

SD APV: Accesses the APV menu.

SD APV KEPTROSTER: Accesses roster of Kept APV appointments.

SD APV MINSRV: Accesses the APV minutes entry/edit screen.

Attach any APV file room security keys to PAS APV users.

3.1 OUTPATIENT ENCOUNTER FORM ENHANCED.

Three new fields were added to the Outpatient Encounter Form (SF600), which now displays: AGE, ALLERGIES, and INSURANCE YES/NO.

Menu Path: PAS > CLERK > ORM > #4

FAMILY PRACTICE SMITH,ROBERT 08 Oct 1996 0800 NEW BGAA
REF:
RSN:
INSURANCE YES/NO:

ALLERGIES:

ADDITIONAL COMMENTS:

20/558-27-7242	CRAWFORD,BUD	N11	
	24 Aug 1965 MALE	W:	H:
	Spon: CRAWFORD,BUD	CIC:	D:
	CS:	Rank:	
SF600	Unit: 100 TRN DIV		

None.

None. These fields are display only.

3.2 APPOINTMENT ORDER PROCESSING OPTION ENHANCED.

3.2.1 Overview of Change.

The Appointment Order Processing Option (AOP) screen has been modified to display the patient's military status (e.g. Beneficiary Category), and the patient's Alternate Care Value (ACV). The urgency of the order is now displayed as text instead of a priority number (e.g. STAT, ASAP, PREOP, AND ROUTINE).

3.2.2 Detail of Change.

Menu Path: PAS > Clerk > AOP

Division: DIV A - TRAINING HOSPITAL
Clinic: CARDIOLOGY CLINIC
Date Range: 21 Jun 2001 to 25 Jun 2001

Patient	Benef Cat	ACV	Req Appt Date	Prio	Req Clinic	Req Prov
JONES,BOB	USA AD (O	A	21 JUN 2001	STAT	CARDIOLOGY	HARTMAN

3.2.3 File and Table Changes.

None.

3.2.4 Implementation Issues.

None.

3.3 PAS DEERS INELIGIBILITY REPORT MODIFIED.

3.3.1 Overview of Change.

The PAS DEERS Ineligibility Report identifies those PAS patients who have failed the DEERS check within the last 24 hours. This report can be sorted by clinic, division or group. When sorting by division, the printed report also separates by clinic and includes a page break after each clinic displayed.

3.3.2 Detail of Change.

Menu Path: PAS > Sched > ORDM > #4

TRIPLER ARMY MEDICAL CENTER

23 Dec 1996@0916 Page 1

PAS DEERS INELIGIBILITY REPORT by Division
Personal Data - Privacy Act of 1974 (PL 93-579)
Appointments for 06 Nov 1996
Part 1 of 2

Division: A DIVISION
Clinic: ALLERGY

```
=====
Patient Name  FMP/SSN  DOB Last DEERS Check  Next Appt.  HomePhone/WorkPhone
DEERS Status                                     Clerk
=====
CALIFORNIA,CHRISTINE 20/218-88-3333 10Oct1954  05Nov1996@0840 06Nov1996@0800
NOT ELIGIBLE                                           VALENCIA,KEN
```

```
VALJEAN,JEAN      20/218-88-3333 10Oct1954  05Nov1996@0840 06Nov1996@1030
NOT ELIGIBLE                                           VALENCIA,KEN
```

-----Page Break-----

TRIPLER ARMY MEDICAL CENTER

23 Dec 1996@0916 Page 2

PAS DEERS INELIGIBILITY REPORT by Division
Personal Data - Privacy Act of 1974 (PL 93-579)
Appointments for 06 Nov 1996
Part 1 of 2

Division: A DIVISION
Clinic: INTERNAL MED

```
=====
Patient Name  FMP/SSN  DOB Last DEERS Check  Next Appt.  HomePhone/WorkPhone
DEERS Status                                     Clerk
=====
CRAWFORD JEAN 20/444-27-7242 20 Sep 1940  05 Nov 1996@0840 06 Nov 1996@1030
NOT ELIGIBLE                                           VALENCIA,KEN
```

-----Page Break-----

TRIPLER ARMY MEDICAL CENTER

23 Dec 1996@0916 Page 3

PAS DEERS INELIGIBILITY REPORT by Division
Personal Data - Privacy Act of 1974 (PL 93-579)
Appointments for 06 Nov 1996
Part 2 of 2

Division: A DIVISION
Clinic: ALLERGY

```
=====
Patient Name  FMP/SSN  DOB Last DEERS Check  Next Appt.  HomePhone/WorkPhone
Alternate Care Value  DEERS Direct Care Eligibility  Clerk
=====
VALJEAN,JEAN 20/218-88-3333 10 Oct 1954  05 Nov 1996@0840 06 Nov 1996@1030
U/ENROLLED IN USTF MANAGED CARE  NOT ELIGIBLE  VALENCIA,KEN
```

3.3.3 File and Table Changes.

None.

3.3.4 Implementation Issues.

None.

3.4 HOST PLATFORM NAME.

3.4.1 Overview of Change.

A need was identified to specify in the files the division which houses the CHCS computer system. This named entity will be known as the Host Platform. For clarity in statistical reporting, the Facility Profile (FPRO), has been changed to a Host Platform (HPRO). In Version 4.5 the Facility Profile designated only one of the exiting MTFs on a platform to serve as the facility name for all MTFs on that platform. That facility name appeared in the header of most PAS reports.

With Version 4.6, the Host Platform name will serve as a generic name which will support all MTFs that use the platform. The specific MTF name will remain in the header of most PAS reports.

The Host Platform Name will indicate a single CHCS platform, and can support one or more MTFs consisting of one or many divisions.

3.4.2 Detail of Change.

Menu Path: PAS > Sched > Prof > HPRO

MEDICAL TREATMENT FACILITY:

```

Name:          GREATER WASHINGTON/OREGON REGION
Short ID:
Building Name:
Building Number:
Street Address:
City:
State:
ZIP:
Postal Permit Number:
Schedule Deletion:          day(s)
Patient Record Pull:       day(s)
Radiology Record Pull:     day(s)
Schedule Hold Duration:    day(s)
DEERS Batch Pull:          day(s)
Appt Overlap Interval:     minutes
Inactivity Period:         day(s)
Print Encounter Data On Security Reports:

```

3.4.3 File and Table Change.

The Host Platform name must first be entered into Hospital Location File (HOS) on the Common Files and Tables Maintenance Menu, which can only be accessed by those users who hold the DOD DATABASE ADMIN and DOD F-T MANAGMENT security keys. When the common file option is to used to establish the Host Platform Name, the Host Platform PAS Profile Edit (HPRO) is automatically updated with the Host Platform Name. HPRO will allow PAS Parameters to be edited, but will not allow selection and/or editing of the Host Platform Name or address fields, as these are display only.

No reports in the PAS module will require any design changes. The Facility name will appear on the header of all PAS reports with the exception of the PAS DEERS ineligibility Report which will have the Host Platform Name as the header.

3.4.4. Implementation Issues.

The MTFs must jointly decide on the most appropriate name for the Host Platform Name to be used for all MTFs on the platform. This name does not need to be determined prior to the installation of Version 4.6. Until the site determines the appropriate Host Platform Name, CHCS will continue to use the values currently stored in the MTF file.

3.5 SCHEDULE SEARCH BY SERVICE TYPE.

3.5.1 Overview of Change.

In support of the Outpatient Divided Workcenter (OPDWC), a PAS user may now search for available appointments across all divisions (to which they have access) when they select Service Type as the primary search criteria on the PAS Booking (BOK) option.

3.5.2 Detail of Change.

Menu Path: PAS > Clerk > BOK

BOOKING SEARCH CRITERIA

Patient:	FMP/SSN:
Clinic:	Appt Type:
Clinic Phone:	
Provider:	Srv Type:
Time Range: 0001 to 2400	Duration:
Dates: 21 Jun 2001 to 02 Aug 2001	Days of Week:
----- Appointment	
Type	
Provider	
Clinic	
Dates	
Patient	
Time Range	
Days of Week	
+ *Service Type	

Use SELECT key to select SEARCH CRITERIA to be changed	

In previous software versions the system looked at the Specialty field in the clinic profiles when searching by Service Type. The Specialty field incorrectly pointed to the Department/Service file and was not a required field. If the Specialty field was not populated, the system was unable to find any available appointments even if appointments were available.

In Version 4.6 the system will now look at the Service field in each clinic profile instead of the Specialty field. The Service field is a required field and must be populated. The Specialty field in the clinic profile will no longer point to the Department/Service file, but instead will point to the Provider Specialty file.

3.5.3 File and Table Change.

The Clinic Profiles in each division needs to be reviewed to ensure that they are set up with the correct service before this booking option will search across divisions.

The site must populate the Service Type file through PAS (BFIL) using the correct services after Version 4.6 software has been installed. Users must have the SDZ PAS FILE-TABLE MAINT security key in order to access this option.

Sites using the CHCS Regional Scheduler System Menu (CRSP) have the option of namespacing their services based upon MTF (i.e., Cardiology WR, Cardiology BE, Cardiology MG).

3.5.4 Implementation Issues.

The user must select Service Type as the primary search criteria and enter the correct Service Type that corresponds to the Service field in the Clinic Profile, in order to perform the search.

3.6 AMBULATORY PROCEDURE VISITS.

3.6.1 Overview of Change.

A new appointment scheduling and tracking process has been created for same day outpatient procedures, formerly Same Day Surgeries, now referred to Ambulatory Procedure Visits (APVs).

Requests for APV appointments can be generated by the Health Care Providers and sent to the PAS booking personnel for scheduling, or APV appointments can be scheduled directly by PAS booking personnel.

An appointment order request (APR) creates an APV order page in the Clinical Order Entry software where Laboratory, Radiology or Pharmacy orders can be linked to the APV appointment. Once the patient keeps the appointment, the orders become active for use on the day of the surgery.

The check-in process, which activates the order page and creates a tracking number, can be accomplished several ways: either by Individual Patient Check In (IPC), Minutes of Service (MAPV) or End of Day (EOD).

Once the patient has checked in and the orders are activated, several products can be generated such as the APV embosser card, the APV wristband or the APV encounter cover sheet. A separate APV medical record can then be generated, and once the procedure is complete, minutes of service can be entered detailing the arrival, departure, and nursing intervention times as well as the disposition of the patient.

See the Clinical 4.6 Implementation Update Guides (IUG) for more detail on Clinical and PAS user functions on APUs.

3.6.2 Detail of Change.

Ambulatory Procedure Units (APUs) provide outpatient care for patients requiring short term care of less than 24 hours. Services in an APU may include traditional pre- and post-operative care, patient monitoring, teaching, hospital/unit orientation, care planning, and clinical or administrative interviews.

3.6.2.1 Scheduling an Ambulatory Procedure Visit.

A. Generating an APV appointment request through CLN.

1. An APV appointment request (APR) order is entered by an HCP through the Clinical order entry (ORE) menu option.

This APR order creates a separate Ambulatory Procedure Visit (APV) page for entering orders associated with the surgery in the Ambulatory Procedure Unit (APU).

This APV page does not allow Admission Disposition Transfer (ADT), Prescriptions (RX), or Laboratory (LAB) orders with a collection method of LAB COLLECT.

All orders written on this page are future until the appt. is marked 'KEPT.'

2. The APR order is then accessed by PAS personnel through the Appointment Order Processing (AOP) menu option and the appointment is scheduled.

If a user attempts to delete an APV appointment request via the AOP option when there are active or future orders associated with the APR Order, the following message display:

**"Cannot delete from AOP for APU
clinic, there are incomplete
orders."**

B. Generating an APV appointment through PAS or MCP.

1. PAS personnel can schedule an APV appointment through PAS Booking (BOK) menu option, which will automatically create an APV page for the patient on the Clinical (ORE) menu option.

Using BOK to schedule an APV appointment will generate a mail message to both the PAS personnel who booked the appointment and to the provider for whom the patient is booked.

2. An APV appointment can be scheduled through the Managed Care Program (MCP) appointment referral booking (AHCF) once the APUs have been created in the MCP files as specialty clinics.

3.6.2.2 Checking a patient in for an Ambulatory Procedure Visit.

A patient can be checked into an APU several ways: either through Unscheduled Visits (USV), Individual Patient-Check In (IPC), End of Day (EOD), or through a new option called APV Minutes of Service Enter/Edit (MAPV).

Checking a patient in marks the appointment status as 'KEPT.' This creates an APV order tracking number and activates any orders on an APV page.

3.6.2.3 Generating APV Products.

- A. After checking a patient in for an APV appointment using the MAPV option, the user is prompted for three new APV output products: a wristband, a record cover sheet and an embossed card.

1. The wristband needs specific labels and printer.
 2. The embossed card must be set up through PAD files, and can be formatted to include a variety of print fields.
- B. These output products can also be printed separately, using the Ambulatory Procedure Visits Menu (VAP).

Menu Path: PAS> Clerk> VAP> WAPV

Sample Wristband

PURDY,SCOTT E 20/572-69-4709
APV M F11 21Jun01@2023
BBA5 APU GENERAL SURGERY

Menu Path: PAS> Clerk> VAP> EAPV

Sample Embossed Card

PURDY,SCOTT E
M 20/572-69-4709 AMN
USAF ACTIVE DUTY
FFLC5 DOB 07OCT69
AMBULATORY PROCEDURE UNITS
APU GENERAL SURGERY
21JUN01 DOCTOR,CABO
2001-06210004 BBA5
8888 TRAINING MEDICAL TREATMENT FACILITY

Menu Path: PAS> Clerk> VAP> CAPV

Sample Cover Sheet

DIV A - TRAINING HOSPITAL 21 Jun 2001@2032 Page: 1

Personal Data - Privacy Act of 1974 (PL 93-579)

* * * AMBULATORY CARE RECORD COVER SHEET * * *

PATIENT NAME: PURDY,SCOTT E
SPONSOR FMP/SSN: 20/572-69-4709 APV #: 2001-06210004

Pt. Category: USAF ACTIVE DUTY Patient SSN: 572-69-4709
DOB: 07 Oct 1969 AGE: 31 SEX: M
Residence Zip: 21201 Home Phn: 410-555-0991

Sponsor's Name: PURDY,SCOTT E
Pay Grade: AIRMAN
Duty Station: 0609 AIR POSTAL FT Duty Phn: 202-555-4567

Emergency Contact Name: PURDY,SARAH E Emerg Phn: 410-555-0991

DIV A - TRAINING HOSPITAL 21 Jun 2001@2037 Page: 2

Personal Data - Privacy Act of 1974 (PL 93-579)

* * * AMBULATORY CARE RECORD COVER SHEET * * *

AMBULATORY CARE

APV Arrival Date/Time: 21Jun01@2200 Appointment Status: KEPT

Disposition Date/Time:

Disposition type:

MEPRS Code: BBA5

APU/Location: APU GENERAL SURGERY

Ambulatory Type Care: APV ___ Observation ___ Other

DIV A - TRAINING HOSPITAL 21 Jun 2001@2041 Page: 3

Personal Data - Privacy Act of 1974 (PL 93-579)

* * * AMBULATORY CARE RECORD COVER SHEET * * *

Primary Provider Name: DOCTOR,CABO

Evaluation and Management: Code:

Primary Diagnosis: Code:

Other Diagnoses: Code:

Primary Procedure: Code:

Other Procedures: Code:

DIV A - TRAINING HOSPITAL 21 Jun 2001@2042 Page: 4

Personal Data - Privacy Act of 1974 (PL 93-579)

* * * AMBULATORY CARE RECORD COVER SHEET * * *

Patient has Living Will/Advance Directive on file at MTF: Yes_No_

Patient Has Third Party Insurance: NO

If YES, Insurance Company Name:

Billing Status: Non-Billable

*** End of Report ***

3.6.2.4 Creating an APV Medical Record.

A PAS user may now create an APV medical record for any pending or kept APV appointment using the Create APV Record (APV) option, which appears on the Track & Request Medical Records Menu (TRM). The user must possess the SD APV security key before this option will appear.

This record is created in the APV file room and displays the APR tracking number and date/time of the appointment. The label created for this record will carry the APV file room name.

Menu Path: PAS> TRM> MED>

Only after the user specifies "MEDICAL" will the new APV option display:

```
RCR  Re-Charge Records
QUE  Request a Record
CAN  Cancel a Request
DIS  Display Request
PCO  Patient Check-Out
INQ  Short Record Inquiry
APV  Create APV Record
```


Select Track & Request Medical Records Menu Option: APV
Select Record Tracking File Room:
OUTPATIENT RECORDS FILEROOM// APV

Do you want to use the file room's default devices? Yes//

You are tracking 'MEDICAL RECORDS TRACKING' records
... from the 'APV FILEROOM' file area.

Select PATIENT:

```
***** MEDICAL RECORDS TRACKING Profile *****
Personal Data - Privacy Act of 1974 (PL 93-579)
=====Name:
SANDERS,ALLAN A (20/600-60-6501) Birth Date: 16 Mar 1975
Ward: Run Date : 21 Jun 2001@111441
=====
Record Type      Vol  Current Borrower  Date Charged  Phone/Location
-----
1  OUTPATIENT      V1  OUTPATIENT RECORDS 01/01/99@1007 4567271
```

Do you wish to create a new `RECORD' or volume? No// Yes

Select New RECORD Type: AMBULATORY PATIENT VISIT

Select Location: APU GENERAL SURGERY SDS GENERAL SURGERY

```
***** Patient Appointment Profile *****
=====
Name: SANDERS,ALLAN A (20/600-60-6501) Birth Date: 16 Mar 1975
Clinic: APU GENERAL SURGERY Run Date: 21 Jun 2001@1119
=====
APV Tracking #      Appointment Date/Time      Provider
2001-06210002      21 Jun 2001@1100      DOCTOR,AARON
```

The user 'selects' the appropriate episode (the screen could display more than one APV episode) and the following screen displays:

```
RECORDS: SANDERS,ALLAN A RT NEW RECORD ASK
===== SANDERS,ALLAN A
AMBULATORY PATIENT VIS Vol: 1
=====
Home Location      : APV FILEROOM
Current Location   : APV FILEROOM
Associated Borrower:
Content Descriptor :
```

Once this is filed the electronic record is created and the user receives a label print prompt.

...'AMBULATORY PATIENT VIS VOL: 1' created (#11674)

Want to Print Labels? YES// (YES)
Select Label Device: HOME

APV FILEROOM

AMBULATORY PATIENT VISIT RECORD

Name: SANDERS,ALLAN A

FMP/SSN: 20/600-60-6501

DOB: 16 Mar 1975 Sex: MALE

Pt Category A11 Spon Grade/Rnk: A03

Rec #: 11674

||| Barcode goes here |||

VOL #: 1

3.6.2.5 Dispositioning a patient and entering minutes of service.

This is a new PAS option that allows the user to enter detailed notes about the APV appointment. The APV Minutes of Service record the patient's arrival and disposition date/time, the nursing intervention date/time, the patient's departure to and return from the procedure date/time and whether or not the patient was admitted to the hospital.

Menu Path: PAS> Clerk> VAP> MAVP

APV MINUTES OF SERVICE ENTER/EDIT

APU:
Appointment Date:

Select APU: APU GENERAL SURGERY SDS GENERAL SURGERY

Once an Ambulatory Procedure Unit is selected, the system prompts for appointment date.

APV MINUTES OF SERVICE ENTER/EDIT

APU: APU GENERAL SURGERY
Appointment Date:

Appointment date: 21 Jun 2001// (21 Jun 2001)

Once an appointment date is entered, the patients will display who have APV requests for that clinic on that date.

APV MINUTES OF SERVICE ENTER/EDIT

APU: APU GENERAL SURGERY
Appointment Date: 21 Jun 2001

Time	Patient Name	FMP/SSN	Type	Provider	MEPRS Status
0800	DAVIS,ALLAN	20/6509	APV	DOCTOR,DAVIS	BBA5 KEPT 1100
	SANDERS,ALLAN A	20/6501	APV	DOCTOR,AARON	BBA5 PENDING

Select appointment(s) to enter/edit APV Minutes of Service data
or Press <CR> to select a different APU or Appointment Date

Once the appointment has been selected, the APV MINUTES OF SERVICE ENTER/EDIT screen appears where detailed information may be entered/edited.

APU: APU GENERAL SURGERY

|||||

Patient Name: ABERNETHY, JANE

Hospital Location: APV CLINIC #5

MEPRS: BAG5

DGA Code: DGAK

Exceeded 24-Hour Limit: NO

Appointment Date/Time: 12 January 1997@0815
Appointment Status: KEPT
APV Tracking #: 1997-01120016

Arrival Date/Time: 12 January 1997@0810
Start of Nursing Intervention Date/Time: 12 January 1997@0835
Depart to Procedure Date/Time: 12 January 1997@0942
Return from Procedure Date/Time: 12 January 1997@1140

Outpatient Disposition: HOME
Disposition Date/Time: 12 January 1997@1352
Admitted To:

The APV Minutes of Service Enter/Edit screen will display the Patient's Name, the Hospital Location (APU clinic name), the APU clinic's MEPRS code, the DGA Code (used to record the minutes of service for the APU clinic), and the appointment date/time.

In addition, other defaulted values may also display as follows:

* If the patient has already been checked-in through one of the PAS options and the Appointment Status has been marked "KEPT", the value for the APV Tracking Number will display.

* If the patient has already been checked-in through one of the PAS options and the "Checked-In" date/time was entered via (EOD) End-of-Day Processing/Editing, the value for the Arrival Date/Time will display.

* If the patient has NOT been checked-in through a PAS option, the cursor will be positioned at the Appointment Status field. If the user enters "KEPT" at the Appointment Status prompt, the system assigns and displays an APV Tracking Number and an Arrival Date/Time.

3.6.2.5.1 Considerations When Entering APV Minutes of Service.

* A user cannot enter any data until the Appointment Status is marked "KEPT," whether checked in through IPC or MAPV or EOD.

* A user cannot edit the APV Tracking Number.

- * A user cannot enter/edit the Start of Nursing Intervention Date/time.
- * A "Return from Procedure Date/Time" can only be entered AFTER a "Depart to Procedure Date/Time" has been entered.
- * When a user enters a value into the Outpatient Disposition field on the APV Minutes of Service Enter/Edit screen, the system automatically defaults the current date/time in the Disposition Date/Time field. The Disposition Date/Time is editable, but only if there is a value in the Outpatient Disposition field.
- * An Outpatient Disposition value may not be entered if the Arrival Date/Time field is null.
- * The Outpatient Disposition and Admitted To: fields are part of existing End-of-Day Processing functionality in PAS. These fields have been placed on the APV Minutes of Service Enter/Edit screen so that the APU user, can complete the patient check-out on just one screen.
- * The Start of Nursing Intervention Date/Time, Depart to Procedure Date/Time and Return from Procedure Date/Time are not required prior to checking-out a patient from the APU; because, if for some reason, the procedure is canceled, the patient could be checked-out without ever having left the APU at all. If that is the case, the entire time elapsed between the Arrival Date/Time and the Disposition Date/Time will count as the APV Minutes of Service.
- * A user can always bring up the APV screen for a selected encounter anytime they wish to view the progress of the encounter or update a date/time field. The APV screen will also be available to bring up at any later time, in case someone needs to review or correct the data.

3.6.2.6 Flagging APV Encounters Lasting Longer than 24 Hours.

If the system recognizes that the time elapsed between the Arrival Date/Time and the Disposition Date/Time is greater than 23 hours and 59 minutes the system will set the value to "YES" in the "Exceeded 24-Hour Limit Flag" field on the APV Minutes of Service Enter/Edit screen. The system will also automatically notify the user by displaying a warning message on the second screen in PAS End-of-Day Processing/Edit, and on the APV Minutes of Service Enter/Edit warning the user that the APV encounter exceeds the 24-hour limit.

Upon receiving the "***Warning APV ENCOUNTER EXCEEDS THE 24-HOUR LIMIT", the user may select the (MAPV) APV Minutes of Service Enter/Edit option to validate the APV Minutes of Service data. If there is an error in any of the documented date/time fields, the user may edit the incorrect data; and subsequently, if the time between the patient's arrival and disposition then falls within the <less than> 24-hour limit, the "Exceeded 24-Hour Limit" flag will be set back to NO.

The following messages will display to notify the user if any one of these events occurs:

- * When the patient is an inpatient:

"The selected patient is an inpatient. You must activate an ADT Disposition before keeping an APV appointment."
- * When the patient has another open APV encounter:
"Cannot create an APV as there is another open APV for this patient. Close the open APV by entering a Disposition Date/Time."
- * When the patient has a previous APV Encounter with a disposition Date/Time that is later than the current APV Arrival Date/Time this:

"This patient has a previous APV Appointment with a Disposition Date/Time that is later than this APV Arrival Date/Time. Please resolve this situation before continuing."
- * When the patient has a previous Admission with a Disposition Date/Time that is later than the current APV Arrival Date/Time this message:

"This patient has a previous Admission with a Disposition Date/Time that is later than this APV Arrival Date/Time. Please resolve this situation before continuing."
- * When no APR Order is associated with the APV Appointment:
"An associated APV Appointment Request and APV Page does not exist for this appointment. A user with access to Order Entry will need to enter an APR order and associate it with this appointment. Once this is resolved, the appointment status can be entered."
- * If a user marks an APV Appointment "KEPT" in error through the check-in process, the appointment status can be changed

to CANCEL or NO-SHOW. However, if there are active or future order(s) associated with the appointment request, the status cannot be changed until those orders are canceled:

"There are active or future orders associated with this APV Appointment. A user with access to Order Entry will need to cancel these orders before the appointment status can be changed."

3.6.2.7 Generating a roster of KEPT APV Appointments.

Menu Path: PAS > Scheduling Supervisor Menu > MGRM > RAPV

Users must hold the SD APV KEPTROSTER security key.

MMGR	Miscellaneous Reports Menu
PMGR	Problem Avoidance Reports Menu
SMGR	Statistical & Workload Reports Menu
RAPV	Roster of Kept APV Appointments

Users may generate a new report, the ROSTER OF KEPT APV APPOINTMENTS, which lists all "Kept" APV appointments with an Appointment Date within a user-selected date range. The report includes all of the date/time data elements which are critical for the calculation of APV Minutes of Service. Therefore, the report may be used to identify any missing APV data.

The Roster of Kept APV Appointments includes appointments which meet the following criteria:

- a. the appointment must have taken place in a Hospital Location which was designated as an APU, by the appropriate values for Location Type, MEPRS, and DGA Code being entered in the Hospital Location file; and,
- b. the Appointment Status must have been marked "KEPT" in the Patient Appointment file.

This report is sorted by Date, Group, and Division; then by APV Tracking Number, Type of Disposition or Hospital Location (depending upon user-preference); and the patients meeting the sort criteria are listed in alphabetical order by Patient Name. The APV data on the report includes the following:

- Group ID
- Division
- Hospital Location
- APV Tracking Number
- Appointment Date/Time

- Patient Name
- FMP/SSN
- Patient Category
- MEPRS
- Provider
- Arrival Date/Time
- Start of Nursing Intervention Date/Time
- Depart to Procedure Date/Time
- Return from Procedure Date/Time
- Disposition Date/Time
- Outpatient Disposition
- Admitted To:
- Exceeded 24-Hour Limit Flag

3.6.3 File and Table Change.

PAS clinic and provider profiles, templates, and schedules must be created and maintained for each APV clinic.

A file room must be created for APV records if sites wish to create electronic records. Either the PAS POC or the MRT POC needs to create this file room.

3.6.4 Implementation Issues.

A Hospital Location is identified as an APU when three fields are set correctly in the Hospital Location file:

- a. a value of "S" is entered into the Location Type field.
- b. a MEPRS Code, flagged as an APU MEPRS in the MEPRS Code file, is entered as the MEPRS Code for the Hospital Location.
- c. a DGA Code is entered for the Hospital Location.

DO NOT change Location Type from "Ambulatory Procedure Unit" to "Clinic" until you Facility Cancel any PENDING appointments on the PAS Supervisor Menu. You may then change the Location type to Clinic, recreate the schedule and rebook the patients using Cancellation Processing on the PAS Clerk Menu. Failure to do these steps could result in broken pointers to the Order Entry File. Refer to Common File IUG Section 3.4.2.3.

There are three APV security keys that will be required for APU personnel. These are in addition to any MRT record room keys (i.e., RTFR1 - RTFR25):

- 1) SD APV
- 2) SD APV MINSRV
- 3) SD APV KEPTROSTER

APU personnel must have the SD APV security key assigned to them in order to access the (APV) Create APV Record under the (TRM) Track & Request Medical Records Menu option within the PAS Clerk Scheduling Menu. The PAS Clerks assigned to APU's will be creating an APV Record for each APV encounter.

The SD APV security key will need to be assigned to those APU personnel in order for them to access the (VAP) Ambulatory Procedure Visits Menu option on their PAS Clerk menu. The (VAP) menu option includes the options for recording APV minutes of service data, for creating an Ambulatory Care Wristband, and for creating an Ambulatory Care Record Cover sheet.

3.7 PAS DISCREPANCY AVOIDANCE REPORT.

3.7.1 Overview of Change.

CHCS checks for discrepancies (i.e., pending appointments, wait list requests, or PCM assignments) when any Provider or Place of Care is inactivated. The system prompts you to generate the PAS Discrepancy Avoidance Report and transmits the data via a mail bulletin to the appropriate PAS/MCP mail group (i.e., SDSMGR or CPZMGR) notifying members of any discrepancies found.

3.7.2 Detail of Change.

Menu Path: PAS > Sched > ORDM > #8

NH PORTSMOUTH, VA

21 Jan 2001@1531 Page 1

DISCREPANCY AVOIDANCE REPORT
Personal Data - Privacy Act of 1994 (PL 93-579)
** Booked Appointments & Referrals **

Clinic: CARDIOLOGY CLINIC

```
=====
Patient          Home Phone      Appt Date/Time      Referral
      FMP/SSN          Work Phone      Appt Type
=====
ADDAMS,HENRY W
-----
NEEB,ALTHEA      H: 918-555-3875      25 Jun 2001@0715
      20/222-33-4561      W: 202-555-1745      FOL
NEEB,BARBARA      H: 918-555-4765      25 Jun 2001@0815
      20/222-33-4562      W: 202-555-0897      FOL
SANDERS,CATHY      H: 918-555-9806      02 Jul 2001@1530
      30/600-60-6701      W:                      RET
SCOTT,CHARLES C      H: 410-555-4401      25 Jun 2001@0745
      20/600-60-6704      W: 202-555-1314      FOL
=====
```

3.7.3 File and Table Change.

Ensure that the PAS TaskMan bulletin, SD WEEKLY CLEANUP, is tasked to run weekly. Attach new mail bulletins, SD INACTIVATE PROVIDER and SD INACTIVATE PLACE OF CARE to the appropriate PAS and MCP mailgroups.

3.7.4 Implementation Issues.

- a. Inactivation/ Reactivation takes effect immediately. If a provider or place of care is inactivated today, the user can no longer create schedules, book appointments, make wait list requests, or make PCM assignments for the specified provider.
- b. Inactivating a clinic or provider through PAS will inactivate that provider or clinic (place of care) in MCP.

MCP Supervisors should be members of PAS Supervisors mailgroups or have their mailgroup attached to the PAS bulletins SD INACTIVATE PROVIDER and SD INACTIVATE PLACE OF CARE.

- c. Inactivating a provider or place of care (clinic) through MCP (GNET) does not affect PAS. However, any changes to the provider profile, through either MCP (PROV) or PAS (PPRO) effects both functionalities.
- d. Inactivating providers through any other functionality, such as PAS (AFIL) or Common Files (PRO) will affect both PAS and MCP.

CHCS will display a message informing the user whenever the provider has open appointments, wait list requests or linked enrollments.

3.8 PATIENT'S DEERS INFORMATION DISPLAYED.

3.8.1 Overview of Change.

DEERS maintains all Tricare enrollment information for all patients. Whenever a patient attempts to access medical care at an MTF and they are Tricare enrolled at a different facility on a different system, CHCS will download the enrollment information and store it in the patient file.

Patients affected are those with ACVs of Active Duty (A), TRICARE Senior Option (D), or CHAMPUS (E). The information contained in DEERS includes the ACV (code and description), DMIS ID (code and description), Region Code, PCM Phone, PCM location description, date of last DEERS Check, Direct Care eligibility, Champus eligibility, eligibility start and stop dates, and Medicare eligibility.

This information will display on the Enrollment/Empanelment Information screen for Mini and Full registration for both locally empaneled and remotely enrolled patients with ACVs of Active Duty (A), TRICARE Senior Option (D), or CHAMPUS (E). For patients with an ACV of C or N, a prompt will allow the user to display the eligibility information in Mini Registration.

Some of this information is also displayed during the booking process. A booking clerk in a PAS clinic with the **Enrollee Lockout** enabled, will be able to view the PCM's phone number, the PCM's location, and the date of the patient's last eligibility check on DEERS for all enrolled patients. This applies to patients enrolled locally as well as those enrolled in another region.

3.8.2 Detail of Change.

3.8.2.1 DEERS information displayed during booking (BOK).

The following sequence allows the booking clerk in a PAS clinic with the **Enrollee Lockout** enabled, to view the PCM's phone number, the PCM's location, and the date of the patient's last eligibility check on DEERS for all enrolled patients. This applies to patients enrolled locally as well as those enrolled in another region.

Menu Path: PAS> C> BOK

1. CHCS displays the Booking Search Criteria screen with the "(C)hange Search Criteria, (B)rowse, (W)ait List Add, (M)ultiple Clinic, (F)amily, or (Q)uit: C//" action bar.
2. If **(C)hange Search Criteria** is selected CHCS displays a list of search criteria to be changed.

Once the user has selected the search criteria (Provider, Clinic), the user is prompted to enter the required data.

3. After entering the data, the user may choose the (S)ingle Patient option from the action bar to get a list of available appointments.

Once an appointment is chosen, the user is prompted to book the appointment.

4. If the patient is enrolled either locally or remotely in Tricare, and the appointment to be booked is not with the patient's PCM, a prompt indicating that the patient is enrolled in TRICARE and should either be appointed with his or her PCM or have a referral displays.

The name of the patient's PCM will appear only for those patients locally empaneled. The PCM's phone number, Location, and date of the patient's last DEERS eligibility check will display for all enrollees (refer to screen #1).

Sample Screen #1 - DEERS Info Display

```
FILE APPOINTMENT
Patient: PITCAIRN,AUGUST C           FMP/SSN: 20/478 29 4200
Clinic: CARDIOLOGY CLINIC/DIVA       Appt Type:
Clinic Phone: 202 427 4181
Provider: CALDWELL,LORRAINE C        Service:
Time Range: 0001 to 2400              Duration:
Dates: 21 Jun 1997 to 02 Aug 1997    Days of Week:
-----
```

This patient is currently empaneled or enrolled in TRICARE and should be appointed with his/her Primary Care Manager (PCM) or have a referral in CHCS authorizing care for this visit.

```
          PCM:
    PCM LOCATION:  PREV MED MTF
    PCM TELEPHONE: 202 456 9878
    LAST DEERS CHECK: 23 Jan 1997
```

```
-----No Referrals found-----
Do you wish to override? No//
```

5. The user can override the lockout and book the appointment by entering an appropriate override code.

3.8.2.2 DEERS information displayed during booking (USV).

The following sequence allows the booking clerk in a PAS clinic with the **Enrollee Lockout** enabled, to view the PCM's phone number, the PCM's location, and the date of the patient's last eligibility check on DEERS for all enrolled patients. This applies to patients enrolled locally as well as those enrolled in another region.

Menu Path: PAS> C> USV

1. The system displays the Unscheduled Visit Criteria screen with the (W)alk-In, (S)ick-Call, or (T)el-Consult (D)EERS-Check, (Q)uit: W// action bar.
2. Once the user has chosen either (W)alk-In, (S)ick-Call, or (T)el-Consult, the user is prompted to change the search criteria.

After the search criteria to change is selected, the user is prompted to enter the required data and then file the (W)alk-In, (S)ick-Call, or (T)el-Consult.

3. If the patient is enrolled either locally or remotely in Tricare, and the (W)alk-In, (S)ick-Call, or (T)el-

Consult is not with the patient's PCM, a prompt displays indicating that the patient is enrolled in TRICARE and should either be appointed with his or her PCM or have a referral. The name of the patient's PCM, for those locally empaneled, the PCM's phone number, Location, and date of the patient's last DEERS eligibility check also display (refer to screen #2).

Sample Screen #2 - Display Screen

WALK-IN SEARCH CRITERIA

Patient: PITCAIRN,AUGUST C

FMP/SSN: 20/478 29 4200

Clinic: CARDIOLOGY CLINIC/DIVA

Appt Type:

Clinic Phone: 202 427 4181

Provider: CALDWELL,LORRAINE C

Service:

Time Range: 0001 to 2400

Duration:

Dates: 21 Jun 1997 to 02 Aug 1997

Days of Week:

This patient is currently empaneled or enrolled in TRICARE and should be appointed with his/her Primary Care Manager (PCM) or have a referral in CHCS authorizing care for this visit.

PCM:

PCM LOCATION: PREV MED MTF

PCM TELEPHONE: 202 456 9878

Do you wish to override? No//

4. The user can override the lockout and file the (W)alk-In, (S)ick-Call, or (T)el- Consult by entering an appropriate override code.

3.8.2.3 DEERS information displayed during mini-registration.

This following sequence allows the user to view enrollment information on the Enrollment/Empanelment Information screen either during initial registration or upon re-entering mini-registration screens.

During initial patient registration, the system runs a DEERS eligibility check and assigns an Alternate Care Value (ACV) based upon patient category and enrollment status. Thereafter, this information is always displayed when a user leaves the mini-registration screens, and is updated, if applicable, whenever an interactive DEERS check is run on CHCS.

A. If a patient receives an ACV of A, D, or E:

1. The Enrollment/Empanelment Information screen will automatically display with the patient's ACV, DMIS ID,

Region Code, PCM, Medicare, CHAMPUS, and DEERS eligibility information.

2. The PCM Name field will not be populated for remotely enrolled patients.
3. The PCM's location, PCM telephone number, and the date of the Patient's last DEERS eligibility check will display.

B. If the patient receives an ACV of C or N:

1. The eligibility information will not automatically display.
2. The user will be prompted to view this information upon leaving the mini-registration screen.

Menu Path:

PAS >C >RDM >MRDM
PAS >M >RMCP >RREG >MRDM
PAS >E >RER >8 (Mini Registration)
All CHCS Mini Registration Menu Options

1. CHCS displays the "Patient Name" Prompt. After the user enters the patient's name and confirms the sponsor's name, the system displays the Mini Registration screen.
2. After the user proceeds through the Mini Registration screen and indicates whether or not the patient wants to be a donor, the Enrollment/ Empanelment Information screen displays for all patients with an ACV of A, D, or E.
3. In Version 4.6, additional fields display showing the Region code, the date of the last eligibility check, eligibility, and the eligibility start/stop dates (refer to screen #3). If the patient is not locally empaneled, and the information has been downloaded from DEERS, the PCM name will not display (refer to screen #4).

SAIC D/SIDDOMS Doc. DS-IM98-6005
08 July 1998

Sample Screen #3 - PCM Display Screen:

Patient: PICARD,ELMO E Enrollment/Empanelment Information
FMP/SSN: 20/379-43-6115 DOB: 25Jun66 PATCAT: All Sex: M
Personal Data - Privacy Act of 1974 (PL 93-579)

```

ACV: A-TRICARE PRIME (ACTIVE DUTY)
DMIS ID: 0037-WALTER REED ARMY MEDICAL CENTER
PCM Name: ESCALERA,FRANK M
PCM Phone: 202 361-4240
PCM Location: 00-DIRECT CARE PCM
Medicare:
Region Code: 02
Direct Care: ELIGIBLE
CHAMPUS: NOT ELIGIBLE
Dir Care Elig Start Date: 12 Mar 2001
Dir Care Elig Stop Date: 10 Feb 2003
Last DEERS Elig Check: 17 Jun 2001

```

Press <RETURN> to continue

Sample Screen #4 - Not Locally Enrolled. Patient is at Madigan
AMC

Patient: KENT,CLARK D	Enrollment/Empanelment Information
FMP/SSN: 20/555-55-2341	DOB: 15Nov70 PATCAT: All Sex: M

```

ACV: A-TRICARE PRIME (ACTIVE DUTY)
DMIS ID: 7143-AHC ROBINSON (last enrolled site)
PCM Name: <---(PCM's name not displayed)
PCM Phone: DIRECT CARE PCM
PCM Location: 0000000000-
Medicare: NOT ELIGIBLE
Region Code: 02
Direct Care: ELIGIBLE
CHAMPUS: NOT ELIGIBLE
Dir Care Elig Start Date: 19 Jun 1991
Dir Care Elig Stop Date: 16 Jun 2001
Last DEERS Elig Check: 01 Mar 1998@040239

```

Press <Return>:

****NOTE:** Although patient is now registered but not enrolled at one site (e.g. Madigan AMC) and remains Tricare enrolled at the losing site (Robinson AMC), that information may be seen when exiting mini-reg.

4. The user is prompted to press <Return>. The action bar to File/exit displays.
5. If the patient has an ACV of C or N, and the user has proceeded through the Mini Registration screen and

indicated whether or not the patient wants to be a donor, a prompt displays asking the user if he wants to view the eligibility information (refer to screen #5).

Sample Screen #5 - Enrollee Display Information

Patient: VALENCIA,KIM Enrollment/Empanelment Information
FMP/SSN: 20/098 76 1234 DOB: 05Mar68 PATCAT: A41 Sex: F
Personal Data Privacy Act of 1974 (PL 93 579)

Do you want to view eligibility data for this patient? N

6. If the user chooses to view the information by selecting the default N for NO, the action bar to File/exit displays.
7. If the user selects to view the information by entering YES, the Enrollment/Empanelment Information screen displays (screen #4). When the user presses <Return>, the action bar to File/exit displays.
8. If a patient has an MCP Status of INVALID ENROLLMENT because they are still enrolled elsewhere, the DMIS ID field may show the gaining site's DMIS ID but display the losing site's Region Code. This is normal.

3.8.2.4 DEERS information displayed after full registration.

Menu Path: PAS> E> RER> 1

1. The system displays the Patient Name Prompt. After the user enters the patient's name and confirms the sponsor's name, the system displays the Patient Information screen.
2. After the user proceeds through the Patient Information screen, the Sponsor Information screen, the EC/NOK Information screen, and indicates whether or not the patient wants to be a donor, the Enrollment/Empanelment Information screen displays for all patients, enrolled and non-enrolled.
3. In Version 4.6, additional fields display showing the Region code, the date of the last eligibility check, eligibility, and the eligibility start/stop dates

(refer to screen #1). The PCM name field will not be populated for remotely enrolled patients.

4. The user is prompted to press <Return>. The action bar to File/exit displays.

3.8.3 File and Table Change.

None.

3.8.4 Implementation Issues.

The enrollment information for a patient enrolled in TRICARE Prime, or other benefit, is stored on DEERS and downloaded to CHCS Patient File.

This information includes the ACV, DMIS ID, Region Code, PCM Phone, PCM Location, date of the last DEERS Check, patient eligibility, patient's eligibility start and stop dates, and Medicare and CHAMPUS eligibility, and is displayed for all users who access the Patient File through booking or registration.

The PCM name will not display for remotely enrolled patients.

APPENDIX A:

GENERIC/COMMON FILE CHANGES

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A.1 SUMMARY OUTLINE.

This Section provides a brief summary of the software changes in CHCS Version 4.6 from baseline CHCS Version 4.5 which affect CHCS common files.

A.1.1 UIC TOTAL SOLUTION.

The ability for users to use free text to designate a Station/unit in mini and full registrations (The "Use as is?" option) has led to a number of coding and data inconsistencies across all of CHCS. Changes have been made to force users to select entries which are contained within the Unit Identification Code file. In addition, a conversion has been written to try to convert all of the free text entries to valid entries. Many new options have been developed to maintain the UIC file and make it easier for users to select an appropriate Unit for patients.

A.1.2 MTF DATA NO LONGER SUPPORTED.

The Medical Treatment Facility (MTF) File has been used historically in CHCS to designate the Medical Treatment Facilities belonging to the Department of Defense and other facilities with which they associate. As such, entries in this Class 1 file have been used throughout the software to not only designate individual facilities but to also designate the CHCS platform at an individual site. This file will now be editable. Sites will no longer have to choose a value from this file to define their site, instead they will be able to create a "Host Platform Name".

A.1.3 PROVIDER AND PLACE OF CARE INACTIVATION.

CHCS presently allows authorized CHCS users to inactivate providers and hospital locations by more than one method. CHCS will now maintain consistency when inactivating a provider either by entering an inactivation date in the Provider file, or when DBA-Inactivating Providers. There will also be consistency for the inactivation of Hospital Locations.

A.1.4 E-LEVEL MEPRS EDIT.

CHCS will prevent the entry of an inappropriate requesting location in the DEFAULT LOCATION field in the User Order-Entry Preferences option and in the LOCATION field in the Provider file.

CHCS will also produce two new reports to identify discrepancies for existing data in the Hospital Location file. One report lists hospital locations, when the Group IDs for the location and the location's MEPRS code are not equal. The second report lists hospital locations that have an inappropriate MEPRS code based on the Location Type.

A.1.5 MEPRS PARENT ADDED TO DMIS ID FILE.

SAIC will modify the CHCS DMIS ID Codes file #8103 to include all fields currently provided in the source data file which CHCS receives. CHCS will be modified to use the MEPRS (EAS) PARENT field (new) to determine if a division's workload is eligible for Workload Assignment Module (WAM) workload reporting.

A.1.6 CHANGES TO SUPPORT APV.

When patients are surgically treated and released within twenty-four hours, workload reporting is processed as outpatient workload under the new category entitled "Ambulatory Procedure Visit" (APV). This enhancement requires that the Ambulatory Procedure Units (APU) be set up as unique hospital locations. These APUs have a location type of "Ambulatory Procedure Unit," that replaces the existing "Same Day Surgery" location type.

When defining MEPRS Codes, the system allows the user to flag the appropriate MEPRS Codes as APU MEPRS codes. Additionally, the system allows the user to define the corresponding DGA* MEPRS Code for hospital locations defined as "Ambulatory procedure units" that also utilize an "APU" MEPRS code. This will enable CHCS to record minutes of service for APV workload, and attribute it to the appropriate MEPRS code.

If the patient's APV encounter requires an inpatient admission, the system allows the user to assign the new corresponding Source of Admission Code, "APA - Admission Resulting from APV."

A.1.7 REVISE PROVIDER SCREENS AND PROVIDER FILE.

This change redesigns the Provider File Enter/Edit screens and removes obsolete data elements from the provider file. Obsolete data elements have been removed from the provider screens and remaining elements have been rearranged for a more logical grouping.

MailMan Enhancements

The List New Messages (LNM) option on the CHCS user's Mailman menu now offers the user a window screen format for viewing and selecting messages and responses to read. This window allows the user to scroll through back and forth through the list to decide which messages to read. Press the select key, only, next to the subject and the message will display. Once the user is finished reading the message and chooses a Message Action the new message window will return for the user to select another message.

Scrolling options include the standard uses of the up or down cursor keys, the [F7] key for bottom of the list, the [F8] key for top of the list and the NextPage/PreviousPage keys.

Sample Screen

```
New Messages for DOCTOR,LAMP
@TRAINING.SAIC.COM                               Thu, 21 Jun 2001 12:15:44

|-----|
| 1) Subj: APPOINTMENT SCHEDULED                    |
|      Thu, 21 Jun 2001 11:54:02      5 Lines      |
|      From: POSTMASTER   Not read, in IN basket  |
| 2) Subj: MISSING SIGNATURE                        |
|      Sat, 10 Jan 2001 17:26:05      3 Lines      |
|      From: POSTMASTER   Not read, in IN basket  |
| 3) Subj: MISSING SIGNATURE                        |
|      Sat, 10 Jan 2001 17:26:05      3 Lines      |
|      From: POSTMASTER   Not read, in IN basket  |
| 4) Subj: NOTIFY NON-COMPLIANT RX                  |
|      Sun, 17 Jun 2001 10:23:27     10 Lines      |
+-----|
```

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APPENDIX B:

MASTER CHECKLIST

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GENERIC CHECKLIST ITEMS FOR ALL USERS

B.1 USER TRAINING.

B.1.1 CLN.

It is recommended the site request Implementation Support for training and user assistance in the new clinical enhancements for this activation.

It is recommended that HCP-level users (Classes 2-4) and Nurse/Clerk-level users (Class 0-1) attend separate demonstrations for clinical enhancements that will be utilized.

Training sessions should include a brief introduction demo covering the Inappropriate Requesting Location changes, and an overview of the Transportable Patient Records, Duty Station and UIC enhancements. Classes should be organized to include the topics below.

HCP-Level users: (Determine length of class by topics)

Introduction Demo	(15 min)
Progress Notes	(30 min)
Discharge Summaries	(30 min)
Problem Lists	(30 min)
Consult Results	(1 hour)
APV Order Entry	(30 min)

Nurse/Clerk-Level users: (Determine length of class by topics)

Introduction Demo	(15 min)
Progress Notes	(15 min)
Discharge Summary	(30 min)
Problem Lists	(15 min)
Consult Results	(1 hour)
APV Order Entry	(15 min)
Immunization Enter/Review (Nurse-level)	(30 min)
Nursing Due Lists	(1 hour)

It is recommended that supervisory personnel, responsible for File and Table maintenance, attend a separate demo to cover the requirements for Progress Notes, Immunizations, Clinical Site Parameters, Consult Procedures, Discharge Summaries and Transportable Patient Records. Transportable Patient Records training is not covered in the core classes.

It is recommended that users who will be responsible for entering APV Minutes of Service attend the PAS demonstration covering this option.

B.1.2 COMMON FILES.

It is recommended that Data Base Administrators attend a two hour demo.

B.1.3 LAB .

There are two LAB IUG documents to reference for this upgrade:

- (a) IPDWC Interface to COMED AP: MPL Enhancement DS-IMPL-5000
- (b) This IUG: Upgrade to CHCS Version 4.6

A 1.5 hr. demo of general 4.6 changes is recommended for Lab Supervisory Personnel prior to activation. The familiarization training plan is recommended as an alternative if a demo is not possible.

If APCOTS is not ACTIVATED or if the MPL enhancement has already been implemented, a 2 to 3 hour block of time for demo or self study is estimated for a user familiar with CHCS Lab F/T maintenance to prepare for this upgrade. Sites without users familiar with Lab F/T maintenance have two logical choices, (1) subscribe to standard CHCS training {est. 2-3 days} or (2) request onsite outside assistance.

If the site is preparing to activate APCOTS, an additional 2-3 hours is recommended for demo and to answer site questions.

Attendance: Lab KEY POC's: Managers, F/T maintenance, Anatomic Pathology, senior supervisory personnel, Quality Assurance and Lab Trainers.

B.1.4 MCP.

USE CURRENT END ELIG DATE TO DETERMINE AD DISENROLLMENT

- | | |
|---------------------------------------|------------|
| 1. MCP Supervisors, MCP F/T personnel | 5 min demo |
| -Screen #1 of change | Handout |

SET PCM CAPACITY FOR MEDICARE ENROLLEES

- | | | |
|---|------|---------|
| 1. Enrollment Clerks | Demo | 15 mins |
| 2. MCP Supervisors & F/T personnel
(includes Enr clerk's demo) | " | 30 mins |
| 3. Systems/MCP Sup./F&T personnel
Handout: Exception Report | | |

LIST ONLY PCM GROUP MEMBERS IN HELP TEXT

- | | |
|------------------------|---------|
| 1. MCP Booking Clerks | 15 mins |
| 2. Health Care Finders | 15 mins |
| 3. MCP Supervisors | 15 mins |

DISPLAY DEERS INFO IN MTF BOOKING FOR MEMBERS NOT ENROLLED

- | | |
|--------------|--------------------------------|
| 1. All Users | Handout of the new screens ... |
|--------------|--------------------------------|

AUTOMATIC ELIGIBILITY CHECK FOR CONDITIONAL ENROLLMENT

- | | |
|--------------------|-----------------------|
| 1. MCP SUPERVISORS | Handout - This Change |
|--------------------|-----------------------|

AD ASSIGNMENT TO EXTERNAL PCM

- | | |
|--|---------|
| 1. Tricare Enrollment Clerks | 15 mins |
| 2. Tricare/MCP Supervisors | 30 mins |
| 3. MCP F/T personnel | 60 mins |
| (Class for F/T includes Clerks & Supervisors demo) | |

PROVIDER PLACE OF CARE INACTIVATION

- | | |
|----------------------------|---------|
| 1. PAS and MCP Supervisors | 30 mins |
|----------------------------|---------|

UIC TOTAL SOLUTION

- | | |
|---------------------|-----------------|
| 1. MCP Clerks | 15 mins |
| 2. DBA Common Files | Refer to CF IUG |

EBC

Refer to EBC IUG.

B.1.5 PAD/MSA.

It is recommended that PAD supervisors attend the 1 hour supervisory demo plus the 1.5 hour clerk/general user demo. MSA supervisors and clerks should attend the 1 hour MSA demo.

B.1.6 PAS.

A 2 hour demo is recommended (1 hour for APV users; 1 hour for other PAS users), to be attended by Facility Trainers, Booking personnel, Clinic Supervisors, and PAS file and table POCs.

(See MCP section as well. Sites using MCP may want to combine demos) it combined, schedule a 3 hr. time slot.

B.1.7 PHR.

The time required for training may vary from site to site depending on the functions utilized. Bar Code, the Dispensing Option Enhancement and/or Quick Dispense are optional. The latter two are dependent upon the use of the Ver 4.5 Dispensing Option. If the site chooses not to use any of these, then the remaining changes, except for RX Number Consistency and FDB III, are either passive in nature or will affect supervisory personnel only.

A 1 hour demo is recommended for familiarization training. An additional hour is estimated to demo the Dispensing Option Enhancement, Quick Dispense, and Bar Code changes.

B.1.8 RAD.

RAD USERS: File and Table supervisors should attend a two-hour training demonstration for both modifications to the Print Pull List and Scheduling Parameters Modifications. Both will require file and table maintenance.

File room personnel should attend a one-half hour demonstration on the new Print Pull List option.

B.1.9 MRT.

PAD USERS: Users who are responsible for retiring records to NPRC or transferring records within their CHCS network should attend a two-hour functionality demo/training. This would include all PAD POCs, file room supervisors and personnel responsible for performing transfer/retire tasks.

PAD USERS: If MRT clerks will be creating APV records, they should be available for an APV record creation demonstration of about 30 minutes.

PAS/MCP USERS: If PAS supervisors are going to create a file room for APV records, they need one on one training (if they do not know how to create a file room) of about 30 minutes.

SITE MANAGERS and SYSTEM SPECIALISTS: It is recommended that site personnel responsible for formatting the Record Index/Shipment Data File to ASCII attend a one on one demo of about 30 minutes.

B.2 IMPLEMENTATION ISSUES.

B.2.1 CLN.

Before the Install:

- _____ 1. It is recommended that the site assess the way they are currently using Consult Orders and determine whether the Consult Results option will be used. Gather data for the File and Table build to be entered post load to include Consult Names and type; Consulting Clinics and Providers; Devices, etc.)
- _____ 2. It is recommended that the site gather data related to the Ambulatory Procedure Units that are currently in use for File and Table build post load. Coordination with PAS, PAD, MEPRS and Systems Admin is required for this effort.
- _____ 3. The site should establish what pre-positioned data will be entered for Patient Instructions and Discharge Summary Text to support the Discharge Summary enhancements. Patient Instructions can be entered before the load.
- _____ 4. It is highly recommended that the site appoint a contact person for Immunization file and table build. This information should be available post load for all immunization file and table requirements.

Post Install:

- _____ Communicate with other areas and verify that all APV File and Table has been completed before use of this option can be implemented.
- _____ Assign the necessary security keys for Patient Notes, Consults, transportable records and APV order entry.

- ___ Identify personnel for each clinic to be responsible for the Problem Selection List entries if this enhancement will be utilized on site.
- ___ Decide how the Transportable Patient Records options will be utilized at the site.

B.2.2 COMMON FILES.

Pre Load:

- ___ A meeting must take place between the different sites on the CHCS system to determine if a host platform will be defined and, if so, what values will be used.
- ___ A meeting must take place between the Data Base administrator and the MEPRS office to determine which MEPRS codes will need to have the "APU Flag:" set to YES and DGA* MEPRS that the APU locations will be linked to.

Post load:

- ___ In the case of hospital locations with inappropriate MEPRS codes, a determination will need to be made as to who uses the location if anyone. If no one uses the location, it should be inactivated. If the location is being used or orders are being made using it as a requesting location then a determination should be made as to what MEPRS code it should be using and whether the "Location Type" is correct.
- ___ Hospital Locations with the MEPRS code or Cost pool Code inconsistent with the Group ID of the hospital location will need to be fixed. All divisions on the data base need to address this issue.
- ___ For the APV project, the building of APV MEPRS codes and APU Locations must be complete before other sub systems can do their file and table builds.

B.2.3 LAB.

- ___ Quality Control Report Menu Option Enhancements

Verify that Quality Controls are defined with a Lab Section. Note that this field in the Quality Control file is not required for defining a Quality Control Specimen ... but is needed for this new enhancement to work properly!

___ LAB HOST PLATFORM PARAMETERS (#8700) - **NEW FILE**

For any site needing to activate APCOTS, FileMan Enter/Edit is still required, but this is now done by accessing file #8700 instead of the LAB MTF (#69.9) file.

___ DBSS activation

(1) The CHCS Program Office will direct when/which sites can activate DBSS. This is not a site decision.

(2) In terms of technical requirements, to support this interface, the minimum DBSS S/W version is 2.01.

(3) Recipients to receive discrepancy BLOOD TYPE bulletin:

For each Lab Division DBSS site, the determination will need to be made concerning appropriate entries to receive the Blood Type Bulletin, bearing in mind that Mail Users and Groups may be division specific and Device file entries are MTF-wide.

___ CHCS BLOOD TYPE TEST

If not already defined, a {non-DBSS} laboratory test can be created for CHCS result entry of a patient's Blood Group and Rh Type. The name of this test can be entered in the Lab Host Platform Parameters file. As this test will be shared system-wide, sites will need to reach an agreement for the name.

Note, if existing CH subscript tests already exist, caution needs to be exercised to ensure that test replacements do not compromise existing ORDER SETS. If an order set is defined with an existing lab test that is going to be inactivated, the order set will need to be edited to delete the old test and to add the new one.

One final note is that certain characters (symbols) may need to be avoided when defining the name of the new test. For example, if "&", "\", or "+" are incorporated into the test name, the result will not be received into CliniComp.

___ DAC Results Report {Amended Results}

As a result of version 4.6 s/w changes, laboratory results amended before the upgrade will not be captured on the DAC report for Amended Results. Since this historical data will not be available after the upgrade, it is suggested that Lab Managers (in each Lab Work Element) print the standard DAC

report for Amended Results if this report is presently being used/monitored by QA. If this is done on a daily basis for the week preceding the upgrade, then on the day prior to the upgrade, there will be only one days worth of data to be compiled and printed {and the report should complete quickly}.

DII/LSI Interface

A new Mail Group should be created by DBA to receive DII Error Message bulletins. Depending upon the needs of the site for those bulletins, consideration should be given for division specific mail groups. DII type entries in the Lab System Interface file would subsequently need to be populated correctly with the appropriate mail group for each division. It is NOT recommended that these mail groups be added in the Bulletin file.

After the upgrade, error messages from DII interfaced instruments will begin to display to lab users during TAR as a part of routine operation. These error messages will also begin to populate the DII ERROR INITIALIZATION and the AUTO INSTRUMENT files. In the Auto Instrument file, this instrument generated error message will populate the ERROR CODE and the associated ACTION CODE and ERROR TEXT. The Action Code populated by the error message is the default, "Display Error/Do Not File". Lab F/T action is required to change this Action Code as needed and enter the User Definable Error Message for each error. The User Definable Error Message field is 'free text' and gives Lab F/T users the means to clarify the error display text and to specify the suitable course of action for the lab user to take when the error is encountered. The Lab F/T interaction will continue until all possible errors have been encountered by the DII interfaced auto instrument and as instrument software upgrades are installed with new and/or different error messages.

Routine preparations for version upgrades are done:

Verify there are no outstanding Transmittal Lists, Collection Lists and Work Documents. One of the enhancements of version 4.6 is SIR 14744, which establishes an upper limit on batches as 9999. Any Work Document batches greater than 9999 will not be accessible after the load. Even though a laboratory may have work document batch #'s less than 9999, it is still recommended that all work documents are unloaded as a normal precaution prior to the upgrade.

B.2.4 MCP.

USE CURRENT END ELIG DATE TO DETERMINE AD DISENROLLMENT

POST LOAD

___ Decide on the Grace Period for AD enrolled patients and set the parameter via menu option PARA.

SET PCM CAPACITY FOR MEDICARE ENROLLEES

POST-LOAD

___ Print the Exception Report BENFICIARY CATEGORY/PATIENT CATEGORY DISCREPANCY REPORT.

___ Review the report to correct Patient Categories or registration.

___ Review PCM Groups and revises PCM capacities as needed.

AD ASSIGNMENT TO EXTERNAL PCM

Pre-Load:

___ Determine which external PCMs will be allowed ACTIVE DUTY patients and establish capacities.

Post-Load:

___ Review all external PCMs with agreements of NET and SUP.

___ Define AD capacities for these providers if limit

___ Assign new Security Key to appropriate users (sec 2.5).

PROVIDER PLACE OF CARE INACTIVATION

___ CHCS users (i.e., PAS Supervisors, and Managed Care Supervisors) will use the system as they do presently to inactivate and reactivate PAS providers and clinics and MCP providers and places of care. The end result is the same. The process in achieving the end is different.

UIC TOTAL SOLUTION

Pre-Load:

___ Ensure all registrations are correct when feasible

Post-Load:

- ___ DBA should review reports to correct registrations.

B.2.5 PAD/MSA.

Before the install:

- ___ Run the MSA and TPC Active Accounts Receivables (AAR) the day prior to the software load.
- ___ Run the MSA Balance Check two days prior to the software load and log a Support Center Call for any problem accounts.
- ___ Sites can make good use of Post Master Mailman Messages in order to emphasize key changes which will affect the users after the software load, i.e.: MASCAL Phase II, DD7A Functions, Station/Unit Code Changes, etc.
- ___ Sites who want to create a DD7A Billing Report for the month during which CHCS version 4.6 is loaded, should take steps to record all applicable outpatient visits which can then be added to the report via the DD7A Monthly Outpatient Billing Process (MBP).
- ___ Sites may want to run off all templates for Ad Hocs created to support the MASCAL Functionality.

During the install:

- ___ Track all PAD/MSA activity to be backloaded when the system is returned to the users.

B.2.6 PAS.

- ___ Sites need to define the HOST PLATFORM NAME, but don't need to do so until after the installation of Version 4.6.
- ___ File and Table personnel need to review the clinic profiles to ensure they are set up with the correct service.
- ___ The Service Type file must be populated through BFIL.
- ___ PAS clinic and provider profiles, templates and schedules must be created and maintained for each APV clinic.

B.2.7 PHR.

If a site plans on using Bar Code:

- Before deciding to implement Bar Code on all printers, users should plan on a trial period using a limited number. Bar Coded label generation by Datasouth printers will take significantly longer than they are accustomed to (three times as long). And, even if the site has acquired an Intermec printer exclusively for Bar Code, a non-bar coding printer should be kept available for a period of time.

If a site plans on using Dispensing software:

- It is likely that most sites will have delayed implementing Dispensing Option (Ver 4.5) awaiting the availability of Bar Code. At those sites where this is true, it would probably be prudent to not enable Dispensing Option/Dispensing Option Enhancement II and Quick Dispense until the Bar Code trial has been completed and the label generation time increase has been evaluated by the site.
- Pharmacy users should be encouraged to mark RXs noncompliant via the DRX option rather than via Noncompliance Data (NON). This will combine multiple RXs for the same patient into one mail message. If this is done via NON, one message will be generated for each RX.

Dispensing Option/Dispensing Option Enhancement and Quick Dispense are enabled at the Division level. It is either on or off for all outpatient sites in a particular division.
- Caution sites that disabling dispensing software will permanently erase dispensing data recorded to that point.

B.2.8 RAD.

- Schedule templates will require modification prior to implementing 24-hour scheduling.
- Existing labels will require re-formatting if new print fields will be implemented.
- Clinics requiring Radiology to pull records for SCHEDULED APPOINTMENTS MUST be in the BORROWERS SET-UP FILE.

B.2.9 MRT.

PRE-LOAD

- It is recommended that old retirement indices be deleted prior to V4.6, as they cannot be deleted once V4.6 has been loaded.
- Review current record types in the Type of Record Setup. Decide if any new record types need to be created. The PAD POC should check with other divisions prior to the load to see if they will use any new record types and either enter that information into the files or have the individual division POC's enter that into the files after the load.
- Will PAD or PAS be creating APV records? The APV record must be created using the Create APV menu options from the PAS menu to ensure that the APV record is linked to the ambulatory procedure itself. If APV records are created through the PAD CV option, they will not be tied to the PAS appointment and the APV record tracking number will not be assigned. It must be decided who will create the APV records and if PAD will do so the APV menu can be assigned as a secondary menu.

POST-LOAD

- Any medical record stored in a file room which does not have a corresponding electronic entry on CHCS MUST be entered onto CHCS or retired using the current manual process.

If there is no electronic record on CHCS and the site wishes to use CHCS to retire these records:

Access the 'Record Initialization' Menu:

1. PAD -> MRM -> TM -> OR -> CB {Create/Edit Batch Lists}
2. Enter patient's name for whom there is no record
3. Record creation date can be 'back-dated' to indicate when the patient was last seen at the MTF. The retire list searches the last patient activity date to put records on the list.
4. Then, PAD -> MRM -> TM -> OR -> NR {Create New Records/Print Labels}

You should now be able to create electronic retire lists using the appropriate search dates. When the RECORD INDEX is created using the Transfer-Retire menu, it will now include these records as eligible to retire.

____ Many facilities have been retiring records electronically on CHCS prior to this software upgrade. If those sites wish to create or recreate a retirement list for those records, the actions listed below can be taken. It will be up to the POC to evaluate how records have been retired and if they desire to do any cleanup.

There have been a number of ways that sites have retired records. Depending on which method was used, the following actions can be taken:

- o If records were retired using: MRM-FE-PR
Movement type = Inactivate

No further action is required.

- o If records were retired using: MRM-FE-PR
Movement type = Move to Another file area and you've indicated NPRC as an 'Additional MTF' in your files:

Then generate an ADHOC (see software specialist) where 'current borrower' = the NPRC and Home Division = unknown. There has been a software error which sends these record into limbo because of the 'unknown' division. Now have software specialist use FileMan Enter/Edit and input the correct Home Division for those records. Those records will then show when doing an inquiry and the NPRC will be the destination.

- o If records were retired using: MRM-TM-TR (Transfer to Other MTF)

No further action should be required.

- o If records were retired using: MRM-TM-AC
(Inactivate/reactivate Records).

No further action should be required.

- o If records were retired using: MRM-TM-MR
(Move Records to Other File room).

Just access the file room where those records are located and generate a Retire list.

____ When records are added to the Record Index, they are added to the bottom of the list. If records are added AFTER box numbers have been assigned, those records will automatically be assigned to the last box number on the list. Current

NPRC policy requires that all records be filed according to the SSN within boxes. However, Record Indices are easily deleted and can be re-generated so box numbers can be re-assigned.

— When a Record Index is generated for the retirement of records and the associated Shipment Data File is NOT created, the system will allow the user to SEND the Record Index which will update the record status to RETIRE RECORD. However, under these circumstances, the NOTIFY action is not available and the ASCII fill will not be created.

— Clinics requiring Medical Records for SCHEDULED APPOINTMENTS MUST be in the BORROWERS SET-UP FILE:

Menu Path: PAD Main Menu->MRM->{file room}->SD->BSU->Select BORROWER:

— To add clinics to pull list functions so that pull lists can be generated by provider, the RECORD TYPE NEEDED: field in the Borrowers Setup File MUST be populated with the RECORD TYPE needed when 'Record Requests are made when making appointments.

Menu Path: PAD Main Menu->MRM->{file room}->SD->BSU->Select BORROWER: Input Clinic here. At the Records needed field: add appropriate record to be pulled.

— PAD POC's need to check with POC's from all divisions to decide which record labels need patient address and division.

— When retiring records, the system searches records for retirement based on Patient Category. Family members are lumped with retiree records. That can present a problem if just family members are being retired. Currently there is no way to differentiate between these two patient categories. The development team is currently looking at this problem.

As a workaround, file areas could maintain family member records separate from Retirees. And then a retirement list could be generated appropriately.

— The O/P record location field on the mini-registration does not update when records are transferred or retired when the Transfer-Retire option is used. This is being addressed in a SIR being fixed now.

B.3 INTEGRATION ISSUES.

B.3.1 CLN.

CLN/PAS.

___ Contact the PAS POC to verify that PAS Profiles have been updated and schedules have been updated for consulting providers who need to enter consult results for a particular clinic if consult resulting on CHCS is utilized.

Contact the PAS POC to verify that PAS profiles and schedules have been updated to support the use of APV.

CLN/PAD.

___ Identify POC for transportable patient records.

B.3.2 COMMON FILES.

CF/WAM

___ Database administrators, MEPRS personal and WAM personnel will need to coordinate with each other to determine correct default locations for providers, correct MEPRS codes for the CHCS MEPRS file, and correct MEPRS codes for hospital locations.

CF/APV AREAS (CLN, PAD, PAS, MRT)

___ For the APV project, the building of APV MEPRS codes and APU Locations must be complete before other sub systems can do their file and table builds.

Refer to PAS, PAD, CLN, and MRT IUGs

B.3.3 LAB.

___ LAB/INTERFACES

Regarding APCOTS, refer to the MPL Enhancement (Lab IUG).

Regarding DBSS Blood Bank interfaced sites, there are screen changes as a result of this upgrade to the laboratory test ordering screens and results retrieval.

B.3.4 MCP.

A. USE CURRENT END ELIG DATE TO DETERMINE AD DISENROLLMENT

MCP/CONTRACTORS

— Sites must coordinate with the Lead Agent/Tricare contractors to determine how long a grace period, if any, should be established for AD patients before disenrollment occurs.

B. SET PCM CAPACITY FOR MEDICARE ENROLLEES

MCP/PAS

— Sites enrolling Medicare patients may now establish PCM capacities for each PCM.

C. LIST ONLY PCM GROUP MEMBERS IN HELP TEXT

MCP/PAS

— If no provider shows in the "Referred by" field, a user can display a list of PCM providers.

D. DISPLAY DEERS INFO IN MTF BOOKING FOR MEMBERS NOT ENROLLED

MCP/DEERS/PAS

— CHCS will interface with DEERS. DEERS Information stored in the Patient File for patients not enrolled on the local system will be updated every time a DEERS check for that patient is made.

— Enrollee Lockout must be activated in the clinics to utilize enrollee lockout screen enhancements.

— All users performing new registrations, full or mini-reg, may be able to view a patient's Tricare status.

E. AUTOMATIC ELIGIBILITY CHECK FOR CONDITIONAL ENROLLMENT

MCP/DEERS

— Users may still process conditionally enrolled patients manually as before, although CHCS performs DEERS checks and updates enrollment status every 7 days if appropriate.

F. AD ASSIGNMENT TO EXTERNAL PCM

MCP/DEERS

- ___ DEERS will count AD personnel assigned to contractor PCMs as being assigned to the contractor and will display that DMIS ID.

MCP/CLN

- ___ Active Duty Personnel may now be assigned to Providers with Agreement types of NET and SUP.

G. PROVIDER PLACE OF CARE INACTIVATION

MCP/PAS

- ___ PAS Clinics/MCP Places of Care and providers can be inactivated in a similar manner now.
- ___ PAS inactivation of Clinics and Providers will affect MCP Places of Care and MCP Providers. MCP Supervisors should be members of PAS Supervisors Mail Groups or have their mail also attached to the PAS bulletins SD INACTIVATE PROVIDER and SD INACTIVATE PLACE OF CARE.
- ___ MCP inactivation of providers via the PAS PROVIDER PROFILE screen in GNET will affect PAS Providers.
- ___ MCP Inactivation at the Group and Place of Care Level within the menu option GNET ARE NOT PAS inactivations.
- ___ Inactivation of providers via any other CHCS functionality will affect PAS and MCP. CHCS will display a message informing the user if the provider has open appointments, wait list requests or linked enrollments.

H. UIC TOTAL SOLUTION

MCP/ALL

- ___ All functionalities will be affected.
- ___ MCP UIC/PCM links must be reviewed and corrected where necessary.

I. EBC

Refer to EBC IUG.

B.3.5 PAD/MSA.

- ___ Confirm that all Common File data related to PAD/MSA is entered.
- ___ Workflow associated with the new APV software is strongly integrated amongst several functional areas. PAD Supervisors would be advised to initiate communication with their counterparts in the Patient Appointment Scheduling workcenters to assure efficient utilization of this software.
- ___ Workflow associated with the new DD7A software is strongly integrated amongst the PAD and PAS functional areas. PAD Supervisors would be advised to initiate communication with their counterparts in the Patient Appointment Scheduling workcenters to assure efficient utilization of this software.

B.3.6 PAS.

- ___ APV clinic build must be coordinated with CLN and MRT functionalities.

B.3.7 PHR.

PHR/CLN

- ___ If the site decides to use dispensing software, pharmacy needs to communicate the impact on physician/nurse users. The Patient Order List (POL) displays RX dispensing information and mail messages are generated when RXs are marked non-compliant.
- ___ Drug lookup of a compounded drug via CLN option DRUG will display the title 'Compounded Drug' and a listing of all the drug products it contains and their respective American Hospital Formulary Service (AHFS) Classifications. Drug lookup by means of '[therapeutic class]' will include any compounded drugs containing members of the specified class. Compounded drugs will not generate a Patient Medication Instruction Sheet(PMIS).

PHR/CLN/PAD/PAS

- ___ Discuss procedures for entry of APU orders between Pharmacy, Clinical and PAS/PAD supervisors to ensure the timely ordering and processing of medication and IV orders on APV patients.

PHR/INTERFACES

- ___ The fill cost is transmitted to CEIS and MCHMIS.

PHR/CF

- ___ The Provider Screen Changes should be reviewed in the 4.6 Common Files IUG.

B.3.8 RAD.

- ___ The development of the Ambulatory Procedure Unit will now allow CLN/LAB/RAD/PHR to place and process orders on a new page - Ambulatory Procedure Visit (APU) on the Patient Order List (POL) screen. The APV page is created at the time the Ambulatory Procedure Request is made via Order Entry or by a PAS user when an appointment is 'booked.' When the order is activated, CHCS will communicate a request to schedule an APV appointment through the PAS software. However, the APU page will not be activated until PAS completes the appointment process - KEPT appointment. If pre-op orders are entered on this page but the appointment has not been KEPT, Radiology will NOT be able to see or process these orders, which may result in duplicate order entry once the APU page has been activated.

It is recommended that pre-op x-rays continue to be placed on the 'Outpatient Page'.

B.3.9 MRT.

- ___ Appropriate file rooms should be created to STORE the NEW Standard Record Types (APV, etc.). Will PAD or PAS create these file rooms?
- ___ All PAS/MCP personnel responsible for creating APV records must have access to APV file rooms storing those records. This means assigning them file room security keys (if any are assigned to APV file rooms).
- ___ It must be decided which file/table POC (PAS or MRT) will enter APV file rooms into the system.

B.4 FILE AND TABLE CHANGES.

B.4.1 CLN.

File and table time for data collection and build may be extensive, depending on what enhancements a site chooses to activate and what files were built previous to 4.6. It is recommended that each section of this IUG be thoroughly reviewed before deciding to utilize it's enhancements.

Coordination with other subsystems will be necessary for some of the enhancements. Once a decision has been made, review the File and Table section before activating.

Note: Some F/T build may be done pre or post-load.

- ___ To support the use of Nursing Due lists, make entry in a new field in the Clinical Site Parameters called 'Days to Collapse the Past APV Page:'. This parameter should be set before the site begins using the APV page options.
Est. Time: 1 minute
- ___ Work with builder of Common Files to name the APV page by using the first three characters from the abbreviation field in the Hospital Location File (#44) and adding '-APV'. The abbreviations entered for these locations should not begin with the same three characters (i.e. 'SDS...' or 'APU...'). (Refer to Common Files Sections on F/T)
- ___ If the site plans to use Nursing Documentation options, file and table for the Nursing Order file should be reviewed.
(1-4 hrs.)
- ___ Consults must be defined for a specific clinic to result and designated as SCHEDULED if not currently with that Schedule type (do this post-load so as not to upset current Consult processing). Consults in CHCS are maintained as ancillary procedures.
Est. Time: 1-2 hrs.
- ___ The Progress Note Title (PNM) option must be populated before the users will be able to document notes.
Time Est.: 1 min./note title
- ___ Assign the NS DISCHARGE security key for authorized users to access the 'Discharge Summary Enter/Edit' option. Any Nurse/Clerk users who transcribe D/C summaries and all doctors who discharge patients require this key.
Time Est.: 10min/20users

- ___ Populate the Patient Instructions file with discharge summary instructions. Populate the 'Discharge Summary Text' file with predefined summary templates for import into summaries.
Time Est.: 1 hr. - 1 week (depending on number)
- ___ Assign NS IMM security key to authorized users who must access the 'Immunization/Skin Test Enter/Edit' option for the purpose of documenting.
Time Est.: 10 min/20 users
- ___ Review the immunization file in the 'Immunization Maintenance' option (IPM) before the use of this option.
Time Est.: 4 hrs.
- ___ Assign the DG TRANSPORTABLE RECORDS security key to the appropriate Clinical personnel for this effort.
- ___ Coordinate with the Systems personnel to define TCPR parameters regarding the IP addresses of sites you wish to communicating with.
- ___ Ensure that the Clinical Site parameters to enable TCPR Mini-Reg and Purge TCPR records are set. Defaults are Yes and 7 days.
- ___ Ensure that the Clinical Site parameter for purging Problem Selection Lists is set. Default is 365 days.

B.4.2 COMMON FILES. (REFER TO COMMON FILES IUG)

Pre Load:

- ___ Determine which Divisions have inappropriate MTF entries. These will need to be fixed.
- ___ Determine which hospital locations have inappropriate MTF entries. These will need to be fixed.

Post Load:

- ___ After all sites on a given CHCS system agree on one name to designate for the System, and values for the other fields in the file, then they can enter a Host Platform.
- ___ In the case of hospital locations with inappropriate MEPRS codes, A determination will need to be made as to who uses the location if anyone. If no one uses the location, it

should be inactivated. If the location is being used or orders are being made using it as a requesting location then a determination should be made as to what MEPRS code it should be using and whether the "Location Type" is correct.

- ___ Hospital Locations with the MEPRS code or Cost pool Code inconsistent with the Group ID of the hospital location will need to be fixed.
- ___ Medical treatment Facility file entries can be edited as necessary.
- ___ APU MEPRS codes will need to be edited.
- ___ APU Hospital Locations will need to be linked to DGA* MEPRS
- ___ Mail bulletins need to be attached to appropriate mail groups for inactivated providers or places of care to insure that system generated messages get to the appropriate people.

B.4.3 LAB.

Concerning Anatomic Pathology and APCOTS, this upgrade will not affect sites that have already completed File/Table for MPL. There are no software changes from CHCS versions 4.52 to 4.6.

- ___ For all DOD-selected and funded sites using APCOTS that have not performed File/Table for MPL, complete file and table build.
Time Est: 1-2 hours.

B.4.4 MCP.

A. USE CURRENT END ELIG DATE TO DETERMINE AD DISENROLLMENT

- ___ Set Grace Period Parameter field if needed. Default is 120 days if no action is taken.

Menu Path: CA>PAS>MCP>FMCP>FTAB>PARA

B. SET PCM CAPACITY FOR MEDICARE ENROLLEES

- ___ Reset PCM Capacities if necessary. 5 mins per PCM Group

C. LIST ONLY PCM GROUP MEMBERS IN HELP TEXT

None

D. DISPLAY DEERS INFO IN MTF BOOKING FOR MEMBERS NOT ENROLLED

None

E. AUTOMATIC ELIGIBILITY CHECK FOR CONDITIONAL ENROLLMENT

None

F. AD ASSIGNMENT TO EXTERNAL PCM

___ Define AD capacities for External PCMs with agreement types of NET and SUP via menu option GNET unless unlimited capacities are desired. 15 mins. per Provider Group.

G. PROVIDER PLACE OF CARE INACTIVATION

___ Ensure PAS TaskMan Bulletin, SD WEEKLY CLEANUP, is tasked to run weekly.

___ Attach PAS/MCP Supervisory Mail Groups to the new Mail Bulletins SD INACTIVATE PROVIDER and SD INACTIVATE PLACE OF CARE.

H. UIC TOTAL SOLUTION

None

I. EBC

Refer to EBC IUG.

B.4.5 PAD/MSA.

Post-load PAD/MSA File and Table changes:

Estimated time: 10-20 minutes

___ Verify that all necessary MASCAL File and Table information has been relocated in the new MASCAL Parameters (MAS). Menu Path: PAD>SDM>MAS

___ The DD7A Outpatient Billing Table should be populated with the correct rates for each B and C level MEPRS code. Menu Path: MSA>D7A>DTE

___ The APV Record Parameters should be populated by authorized Clinical Records Department supervisors.

B.4.6 PAS.

- ___ The Host Platform name must be entered into the Hospital Location file.
- ___ The clinic profiles need to be reviewed to ensure that they are set up with the correct service so that booking can search across divisions.
- ___ The site must populate the Service Type file through PAS post install.
- ___ APV clinics must be set up in the PAS profiles.
- ___ Record tracking file rooms must be created for APV records. Any file room security keys need to be assigned APV PAS users.
- ___ A PAS bulletin SD WEEKLY CLEANUP should be tasked to run weekly. Attach bulletins SD INACTIVATE PROVIDER and SD INACTIVATE PLACE OF CARE to the appropriate PAS and MCP mailgroups.

B.4.7 PHR.

Pre-Load:

- ___ All items issued as stock should be defined as either 'BULK' or 'CLINIC'. This can be done post-load if the user prefers, however, it must then be done via MSI.

Post-Load: (Can be done at users' discretion, will not affect pre 4.6 functionality)

- ___ If the site intends to use Bar Code, the 'BAR CODE ENABLED' field, in the Outpatient Site Parameters, must be set to 'YES'.
- ___ The printer(s) that will print bar coded labels must be defined in the Device File.
- ___ If the site intends to use Dispensing Option/Dispensing Option Enhancement or Quick Dispense, Dispensing Options must be ENABLED for the appropriate Division(s).
- ___ Compounded drugs in use should be defined via ADN to include all applicable NDC numbers(to a maximum of 8 NDCs or 8 ingredients). If this is done the Clinical Screening

software will act against each ingredient. If it is not the software will process a compounded drug as if it were a single product.

- ___ The site should be made aware of the new format of the Refill Grace Period and Scheduled Refill Grace Period fields. The defaults of 75% may be accepted or changed.
- ___ Non-professional users, e.g., volunteers may be assigned Quick Dispense (QRX) as a secondary menu option.
- ___ Enter APU clinics in Ward Groups.
- ___ The local cost field in the Formulary must be populated for accurate cost reporting.

B.4.8 RAD.

- ___ All Radiology Location schedule templates utilizing 24-hour scheduling will require start and stop time template modification.
- ___ Enter any record types to be pulled for clinics into the Borrowers Setup File.
- ___ Add new print fields to Label Print formats if they will be used.

B.4.9 MRT.

1. INPUT STANDARD RECORD TYPES IN TYPE OF RECORD SETUP FILE

- ___ Populate the STANDARD RECORD TYPE FIELD in the TYPE OF RECORD SETUP FILE for all record types currently utilized, as well as any NEW Standard Record Type to be implemented.

2. CREATE AN 'ASCII NOTIFICATION' MAILGROUP:

- ___ The System Mail Manager does this. (Menu path: EVE->MM->MGE)

The mailgroup members will be receive a bulletin notifying them that the Record Index/Shipment Data File is ready to be converted to ASCII format and placed on a diskette for shipment to NPRC.

3. ADD 'ASCII' MAILGROUP NAME TO MRT APPLICATION SETUP:
(Menu Path: PAD->MRM->{file room}->SD->APP->second screen)

____ After creating RT ASCII NOTIFY mailgroup, enter name of the mailgroup the new ASCII File Mail Group FIELD in the Record Tracking Application Setup.

4. ALLOW BATCH PROCESSING (Menu Path: PAD->MRM->{file room}->SD->MTS->Movement Type Set-up)

____ The 'Allow Batch Processing' specifies whether a Movement can be utilized when records are retired or transferred.

The 'Allow Batch Processing' field for the NEW Movement Type of RETIRE RECORDS MUST be set to YES by the File room Supervisor

5. CREATE FILEROOMS FOR STANDARD RECORDS TYPES THAT WILL BE USED IN RECORD TRACKING

____ Enter Menu Path: MRM->{file room}>SD->FSU) and create any new file rooms which will be storing new records.

____ Enter new any new record types in the Type of Record Setup (Menu Path: PAD->MRM->{file room}->SD->TYS).

Make sure File room has been added as 'File room Allowed to Store Record.

____ Add Standard Record Type to the Application Setup File (Menu Path: PAD->MRM->{file room}->SD->APP->select DIVISION->RECORD TYPES screen)

____ Add file room to Borrowers Setup File (Menu Path: PAD->MRM->{file room}->SD->BSU)

____ The Database Administrator must complete the Service and MEPRS code fields in the Hospital Location File for all APV File rooms created (Menu Path: CA->DAA->CFT->CFM->HOS)

B.5 SECURITY KEYS.

B.5.1 CLN.

NS CONSULT RESULTS	Allows the user to enter Consult Results and view results after verification.
NS IMM	Allows the user access to document immunizations from the Nursing Menu.
NS DISCHARGE	Allows the Clinical user access to the Discharge Notes option.
GP EUROP1	Allows the user access to problem lists and progress notes from the Order Entry action prompt.
OR MD MNG	Allows the user to access the Table Maintenance Menu option from the Physician menu.
SD APV	Allows the user access to the MAPV option.
SD APV MINSRV	Allows the clinical user to emergently disposition an APV patient from the ORE action prompt to support an inpatient episode that results from an APV visit.

B.5.2 COMMON FILES.

No new Security Keys for CF.

B.5.3 LAB.

No new Security Keys for LAB.

B.5.4 MCP.

CPZ PCM AGR LOCK

This Key is intended for users allowed to assign AD personnel to External PCMs.

Menus Affected:

ER Enrollments
BMCP Batch PCM Reassignment
UBER Batch Enroll AD
UICP UIC/PCM Maintenance
GNET Provider Network

Suggested users: Enrollment Clerks, MCP File/Table
personnel, Personnel performing Batch Enrollments, PCM
reassignments.

CPZ MCSC

This key is intended only for use with the MCSC interface in
selected regions. This is here for documentation only.

****DO NOT ISSUE UNLESS TOLD TO DO SO****

CPZ DISENROLL-CANCEL CORRECT (EBC related)

This key locks the menu option DCAN (Cancel Disenrollment).

Menus Affected:
CAN Disenrollment Cancellation/ Correction

CPZ TSC LOADER

****DO NOT ASSIGN****

This key was initially for use with MCSC I and the HL7 MCP
transfer. This key should not be assigned to anyone.

B.5.5 PAD/MSA.

MSA DD7A BILLING	Locks access to the DD7A Monthly Outpatient Billing Process (MBP). This key should be given to any/all MSA personnel responsible for processing and finalizing the new DD7A Billing Report
DG APVOUT	Security key restricts access to the report menu of the APV Delinquent Record Tracking Menu. This key should be given to All Clinical Records personnel responsible for APV record completion.
DG APVSUPER	This security key restricts access to the APV Parameters option of the APV Delinquent Record Tracking Menu. This key should be given to the Clinical Records Supervisor

DG APVUSER This security key restricts access to the APV Delinquent Record Tracking Options. This key should be given to All Clinical Records personnel responsible for APV record completion.

MSA DD7A This key will allow a user access to produce an end of month bill for the new DD7A function. This key
BILLING should be given to MSA personnel responsible for processing this End of the Month DD7A Report.

B.5.6 PAS.

SD APV: Accesses the APV menu.

SD APV KEPTROSTER: Accesses roster of Kept APV appointments.

SD APV MINSRV: Accesses the APV minutes entry/edit screen.

Attach any APV file room security keys to PAS APV users.

B.5.7 PHR.

There are no new Pharmacy security keys for Ver 4.6

B.5.8 RAD.

No New Security Keys for RAD

B.5.9 MRT.

SD APV Accesses the APV menu
Assigned to PAS or PAD users who create APV records.

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APPENDIX C:

TRAINING AND FILE/TABLE BUILD MATRICES

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TRAINING MATRIX (Version 4.6)

	Demos	Hours	Users	Training	Hours	Users	Handouts*
CLN	Y ¹	4	Nurses/Clks Physicians CLN Spvrs	N	-	-	-
COMMON FILES	Y	2	DBA	N	-	-	-
DTS	N	-	-	N	-	-	-
LAB	Y	1.5	QA/LAB Tnrs F/T POCs	N ²	-	-	-
MCP	Y	2 ³	MCP/Tricare Enrlmt Clks HCF	N	-	-	-
MRT	N	-	-	Y	2.5 ⁴	MRT POCs	-
MSA/TPC	Y	1	MSA POCs	N	-	-	-
PAD	Y	2.5 ⁵	PAD POCs	N	-	-	-
PAS	Y	2	PAS POCs	N	-	-	-
PHR	Y	.5- 1.5 ⁶	PHR POCs	N	-	-	-
RAD	Y	2	RAD POCs	N	-	-	-
WAM	N	-	-	N	-	-	-

*Handouts may be used to supplement demos/training or, in some cases, be used in lieu of training. Appendix E includes the familiarization training plan.

1 -Recommending separate sessions for Nurses/Clerks, Physicians, and CLN Supervisors.

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- 2 -If APCOTS is to be activated, additional 2-3 hours Training for key LAB POCs and F/T Build personnel.
- 3 -MCP/Tricare Supervisors 2 hours, Enrollment Clerks 1 hour (can also attend portion of above session), Health Care Finders .5 hour.
- 4 -2 hours, personnel that retire records; F/T Supervisors, 2 hours (can also attend the same session as personnel that retire records); Site Manager or System Specialist .5 hour; PAS Supervisor (if they will enter APV file rooms in system, .5 hour.
- 5 -First 1.5 hours are for Clerks, an additional hour for Supervisors.
- 6 -If Bar Code and Dispense Options ARE used, demo will be 1.5 hours. If they are not being used, a .5 hour demo for PHR supervisors only.

FILE AND TABLE BUILD MATRIX (Version 4.6)

	PRE LOAD	TIME	POST LOAD (PRE-USER)	TIME	POST LOAD (POST-USER)	TIME
CLN	DC	8hrs- 1 week	N/A	-	FT	4-8 hrs.
CF	DC/FT	8 hrs.	N/A	1 hr.	FT	-
DTS	N/A	-	N/A	-	N/A	-
LAB	N/A	-	N/A	-	FT ¹	1-2 hrs.
MCP	N/A	-	N/A	-	FT	1 hr.
MRT	N/A	-	N/A	-	N/A	1 hr.
PAD/MSA	N/A	-	FT	10-20 Min.	N/A	-
PAS	N/A	-	N/A	.5 ²	FT	1 hr.
PHR	N/A	-	N/A	-	FT	.5 hr.+ ³
RAD	N/A	-	N/A	-	N/A	1 hr.
WAM	N/A	-	N/A	-	N/A	-

Note: The File and Table build estimates may vary. This is an estimated time line for planning purposes. Use the appropriate sections of the IUGs for detailed information.

DC = Data Collection FT = File/Table

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- 1 -LAB file and table is only necessary if APCOTS is being used at site and MPL file and table build is not complete.
- 2 -For PAS, this time can be used for MRT instead (depending on who builds the file rooms.
- 3 -PHR file and table estimates will depend on which functions are being used (Dispensing option, Barcode, etc.)

APPENDIX D:

DATA COLLECTION FORMS

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Data Collection Forms

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APPENDIX E:

FAMILIARIZATION TRAINING PLAN

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Familiarization Training Plan

- I. Enhanced OP Encounter Form (SF600).
 - a. Distribute sample page
 - * Generate a sample before class
 - b. Discuss new fields, these are display only:
 - 1. Insurance
 - 2. Age
 - 3. Allergies

- II. Modified PAS DEERS Ineligibility Report.
 - a. Distribute sample
 - * Use page from this IUG
 - b. Now prints by clinic with a page break in between
 - c. Part 2 of 2 shows USTF ineligible patients only
 - d. Part 1 of 2 shows all other patient types who are DEERS ineligible

- III. Discrepancy Avoidance Report
 - a. Distribute sample
 - * Use page from this IUG.
 - b. New for PAS - old in MCP
 - c. Lists providers that are to be inactivated who still have pending appointments. Can't inactivate providers with pending appts.
 - d. There are various ways to inactivate MTF Providers:
 - 1. If you inactivate a provider from an MCP provider group, the provider is not inactivated from the PAS clinic.
 - 2. If you inactivate a provider from the PAS profiles in within MCP, the provider is also inactivated from the PAS clinic.
 - 3. If you inactivate from the PAS clinic, you will inactivate in the provider MCP.
 - 4. If you inactivate a provider from a DBA level, it inactivates that provider in both MCP and PAS.
 - e. Discuss the purge parameters and actions that need to be verified which will remove inactivated providers from the lists:
 - 1. FPRO/HPRO "inactivity period" set to 60 days.
 - 2. TaskMan task SD WEEKLY CLEANUP set to run daily.
 - 3. Providers inactivated by the Database Administrator through the Common Files. (PRO) or (ACT)

IV. Host Platform Name

- a. Site must decide what the name will be, otherwise it defaults the facility name already in place.
- b. Entered in the common files, appears on PAS reports, such as the PAS DEERS Ineligibility Rept.
- c. Good example = SEATTLE/TACOMA REGION
- d. Demonstrate:
 - 1) DAA > CFT> CFM> HPN
Enter data into all fields.
 - 2) PAS > Sched> Prof> HPRO
Point out the Name field.

IV. Schedule Search by Service Type

- a. Verify with MEPRS department that all Clinic Profiles have the correct Service listed in CPRO.
* Ad hocs provided in this IUG.
- b. These can be changed/corrected in Common Files (HOS)
- c. These must be added to PAS (BFIL)
* PAS user must have key - SDZ PAS FILE TABLE MAINT
- d. Recommend a list of services distributed to booking personnel to aid in search.
- e. Booking personnel must have access to other divisions and any possess associated clinic booking keys.
- f. Demonstrate:
 - 1) PAS> SCHED> FILE> BFIL
Select SERVICE TYPE name: Cardiology
 - 2) PAS> Clerk> BOK
(C)hange Search Criteria
*Service Type
Select any appt. slot in any division
Book appt. for any patient.

V. MCP Enrollment/Empanelment Information from MCP

- a. Information appears on second mini-registration screen
- b. Prompt appears upon completion for non-enrolled pt.
- c. Screen automatically appears for enrolled pt.
- d. Demonstrate:
 1. Enrolled patient: Picard
 2. Non-enrolled patient: Photon

VI. Ambulatory Procedure Visits

- A. File and Table
 1. One APU per clinic
 - a) could be in place from ADS
 - b) might have to be built from scratch

- c) APU file room must be created
 - 2. Separate MEPRS code ending in a number
 - 3. Must include all providers from the clinic who will be using the APU.
 - 4. Must have open schedules.
 - 5. Needs specific appt. types (TDB uses APV)
- B. Schedule an Ambulatory Procedure Visit
- 1. Generate through CLN (ORE) and book through PAS (AOP)
 - a) Attaches to order page already created in CLN
 - b) All orders are future till the appt. is kept.
 - 2. Generate and book through PAS (BOK)
 - a) Creates an order page in CLN
 - b) Avoid duplicate pages - use one method or the other
- C. Check-in an Ambulatory Procedure Visit
- 1. PAS> Clerk> IPC
 - 2. Activates any future orders on ORE page
 - 3. Generate APV products
 - a) Wristband
 - * print to screen for discussion
 - * will need a printer defined
 - * must be configured for and loaded with labels.
 - b) Embosser Card
 - * print to screen for discussion
 - * is defined and edited through PAD, MRT or MCP
 - * must have access to an embosser machine
 - * must be loaded with proper emboss materials
 - c) Coversheet
 - * print to screen for discussion
 - * for doctors notes
- D. Create an APV Record
- 1. PAS> TRM> MED> APV
 - a) Separate APV record room must be built and used
 - b) Patient must have a pending or kept APV appt.
 - c) Record type: AMB
 - d) Select Location: the APU where the appt. was made
- E. Disposition a patient from an Ambulatory Procedure Unit
- 1. PAS> Clerk> VAP> MAPV
 - a) Demonstrate entering minutes.
 - * Appt. date/time defaults to scheduled date/time
 - * Can be changed

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- * As soon as status is changed to KEPT, the arrival date/time assumes current.
- * Can be changed
- b) Nursing intervention and procedure times not required by the system, but might be from JACHO
 - * Can be added any time
- c) Patient must be dispositioned or they can't be Admitted or scheduled another APV
 - * Once disposition is entered, current date/time is defaulted
 - * Can be changed
- d) The 24-hour patient episode period starts with the arrival date/time

APPENDIX F:

SAMPLE REPORTS / AD HOC REPORTS

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TRIPLER ARMY MEDICAL CENTER

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PAS DEERS INELIGIBILITY REPORT by Division
Personal Data - Privacy Act of 1974 (PL 93-579)
Appointments for 06 Nov 1996
Part 1 of 2

Division: A DIVISION
Clinic: ALLERGY

```
=====
Patient Name  FMP/SSN  DOB Last DEERS Check  Next Appt.  HomePhone/WorkPhone
DEERS Status                                     Clerk
=====
CALIFORNIA,CHRISTINE 20/218-88-3333 10Oct1954  05Nov1996@0840 06Nov1996@0800
NOT ELIGIBLE                                           VALENCIA,KEN

VALJEAN,JEAN      20/218-88-3333 10Oct1954  05Nov1996@0840 06Nov1996@1030
NOT ELIGIBLE                                           VALENCIA,KEN
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TRIPLER ARMY MEDICAL CENTER

23 Dec 1996@0916 Page 2

PAS DEERS INELIGIBILITY REPORT by Division
Personal Data - Privacy Act of 1974 (PL 93-579)
Appointments for 06 Nov 1996
Part 1 of 2

Division: A DIVISION
Clinic: INTERNAL MED

```
=====
Patient Name  FMP/SSN  DOB Last DEERS Check  Next Appt.  HomePhone/WorkPhone
DEERS Status                                     Clerk
=====
CRAWFORD JEAN 20/444-27-7242 20 Sep 1940  05 Nov 1996@0840 06 Nov 1996@1030
NOT ELIGIBLE                                           VALENCIA,KEN
```

-----Page Break-----

TRIPLER ARMY MEDICAL CENTER

23 Dec 1996@0916 Page 3

PAS DEERS INELIGIBILITY REPORT by Division
Personal Data - Privacy Act of 1974 (PL 93-579)
Appointments for 06 Nov 1996
Part 2 of 2

Division: A DIVISION
Clinic: ALLERGY

```
=====
Patient Name  FMP/SSN  DOB Last DEERS Check  Next Appt.  HomePhone/WorkPhone
Alternate Care Value  DEERS Direct Care Eligibility  Clerk
=====
VALJEAN,JEAN 20/218-88-3333 10 Oct 1954  05 Nov 1996@0840 06 Nov 1996@1030
U/ENROLLED IN USTF MANAGED CARE  NOT ELIGIBLE  VALENCIA,KEN
```

NH PORTSMOUTH, VA

21 Jan 2001@1531 Page 1

DISCREPANCY AVOIDANCE REPORT
Personal Data - Privacy Act of 1994 (PL 93-579)
** Booked Appointments & Referrals **

Clinic: CARDIOLOGY CLINIC

```
=====
Patient          Home Phone      Appt Date/Time      Referral
      FMP/SSN      Work Phone      Appt Type
=====
ADDAMS,HENRY W
-----
NEEB,ALTHEA      H: 918-555-3875      25 Jun 2001@0715
      20/222-33-4561      W: 202-555-1745      FOL
NEEB,BARBARA      H: 918-555-4765      25 Jun 2001@0815
      20/222-33-4562      W: 202-555-0897      FOL
SANDERS,CATHY      H: 918-555-9806      02 Jul 2001@1530
      30/600-60-6701      W:                      RET
SCOTT,CHARLES C      H: 410-555-4401      25 Jun 2001@0745
      20/600-60-6704      W: 202-555-1314      FOL
-----
```

ROSTER OF KEPT APV APPOINTMENTS
by HOSPITAL LOCATION
APV Date Range: Jun 2001 - Jun 2001

Hospital Location: APU GENERAL SURGERY

```
=====
Patient Name      FMP/SponsorSSN      PATCATMEPRS
Provider          O/P Disposition      APV Tracking #
=====
```

```
BRADY,CAROL R      20/040-75-5001      K53      BBA5
DOCTOR,BAKER      HOME      2001-06180014

      Appt Dt/Tm: 18 Jun2001@1200      Return fr Pro: 18 Jun2001@1400
      Arrival: 18 Jun2001@1200      Disposition: 18 Jun2001@1649
      Nursing Start: 18 Jun2001@1230      24-Hour Flag: NO
      Depart to Pro: 18 Jun2001@1300      Admitted To:
```

```
-----
BRADY,CINDY L      20/040-75-5007      K53      BBA5
DOCTOR,BAKER      HOME      2001-06180017

      Appt Dt/Tm: 18 Jun2001@1300      Return fr Pro: 18June2001@1500
      Arrival: 18 Jun2001@1300      Disposition: 18 Jun2001@1649
      Nursing Start: 18 Jun2001@1330      24-Hour Flag: NO
      Depart to Pro: 18 Jun2001@1400      Admitted To:
```

```
-----
BRADY,GREGORY      20/040-75-5002      K53      BBA5
DOCTOR,BAKER      HOME      2001-06180020

      Appt Dt/Tm: 18 Jun2001@1400      Return fr Pro: 18Jun2001@1600
      Arrival: 18 Jun2001@1400      Disposition: 18Jun2001@1649
      Nursing Start: 18 Jun2001@1430      24-Hour Flag: NO
      Depart to Pro: 18 Jun2001@1500      Admitted To:
```

This AD HOC shows existing DEPTS. and Services for use with the topic: SCHEDULE SEARCH BY SERVICE TYPE.

Select FileMan Menu Option: P Print File Entries

Output from what file: DEPARTMENT AND SERVICE//

Sort by: NAME//]DEPT STATUS;1

Select DEPT STATUS: S

Within DEPT STATUS, Sort by: NAME

Start with NAME: FIRST//

Within NAME, Sort by:

Store Sort logic in Template: GS DEPT SERV

Are you adding 'GS DEPT SERV SORT' as a new SORT TEMPLATE? Y

Should Template user be asked to 'Select DEPT STATUS' without special default? NO// N

Should the precise 'Select' value you have entered always be used in sorting by DEPT STATUS? YES// Y

First Print FIELD:]NAME;"SERVICE"

Then Print FIELD: DEPARTMENT

Then Print FIELD:

Heading: DEPARTMENT AND SERVICE LIST Replace

Footnote:

Store Print logic in Template: GS DEPT SERV PRINT

Are you adding 'GS DEPT SERV PRINT' as a new PRINT TEMPLATE? Y (YES)

```
=====
DEPARTMENT AND SERVICE LIST                                21 Jun 2001@1135
PAGE 1
SERVICE                                                    DEPARTMENT
-----
```

DEPT STATUS: SERVICE

ADMIN SUPPORT SERVICE
ALLERGY SERVICE
ANCILLARY SERVICES OTHER
AUDIOLOGY SERVICE
CARDIOLOGY SERVICE
CARDIOVASC/THORACIC SURGERY SVC
COMMUNITY HEALTH SERVICE
DENTAL CARE SERVICE

ADMIN SUPPORT DEPARTMENT
MEDICAL CARE DEPARTMENT
ANCILLARY SERVICES DEPARTMENT
SURGICAL CARE DEPARTMENT
MEDICAL CARE DEPARTMENT
SURGICAL CARE DEPARTMENT
PRIMARY CARE DEPARTMENT
DENTAL CARE DEPARTMENT

This AD HOC shows each clinic and it's associated DEPT. and SERVICE for use with the topic: SEARCH BY SERVICE TYPE.

Select FileMan Menu Option: P Print File Entries

Output from what file: HOSPITAL LOCATION

Sort by: NAME// DIVISION

Start with DIVISION: FIRST//

Within DIVISION, Sort by: LOCATION TYPE;2

Select LOCATION TYPE: C (CLINIC)

Select another LOCATION TYPE: S (AMBULATORY PROCEDURE UNIT)

Select another LOCATION TYPE:

Within LOCATION TYPE, Sort by: NAME

Start with NAME: FIRST//

Within NAME, Sort by:

Store Sort logic in Template: GS CLN SERV DEPT SORT

Are you adding 'GS CLN SERV DEPT SORT' as a new SORT TEMPLATE? Y

Should Template user be asked to 'Select LOCATION TYPE'? NO// N

First Print FIELD: NAME

Then Print FIELD: SERVICE;L20

Then Print FIELD: DEPARTMENT;L20

Then Print FIELD:

Heading: HOSPITAL LOCATION LIST Replace

Footnote:

Store Print logic in Template: GS CLN SERV DEPT PRINT

Are you adding 'GS CLN SERV DEPT PRINT' as
a new PRINT TEMPLATE? Y

```
=====
HOSPITAL LOCATION LIST                                21 Jun 2001@1202    PAGE 1
NAME                SERVICE                DEPARTMENT
-----
```

DIVISION: DIV A - TRAINING HOSPITAL

LOCATION TYPE: CLINIC

ACUTE CR MTF	PRIMARY CARE SERVICE	PRIMARY CARE DEPARTM
ADOLESCENT CLINIC	ALLERGY SERVICE	MEDICAL CARE DEPARTM
ADULT HLTH MTF	PRIMARY CARE SERVICE	PRIMARY CARE DEPARTM
ADULT MED MTF	PRIMARY CARE SERVICE	PRIMARY CARE DEPARTM
ADULT PR CR MTF	PRIMARY CARE SERVICE	PRIMARY CARE DEPARTM
ADULT TRMT MTF	PRIMARY CARE SERVICE	PRIMARY CARE DEPARTM
ALLERGY CLINIC	ALLERGY SERVICE	MEDICAL CARE DEPARTM
AMB CARE MTF	PRIMARY CARE SERVICE	PRIMARY CARE DEPARTM
BL INT MED	INTERNAL MEDICINE SE	MEDICAL CARE DEPARTM
BL MED	EMERGENCY MEDICAL SE	PRIMARY CARE DEPARTM

SAIC D/SIDDOMS Doc. DS-IM98-6005
08 July 1998

This AD HOC shows if the Ambulatory Procedure Units have been created and who the providers are, for use with the topic: Ambulatory Procedure Visits:

Select FileMan Menu Option: Print File Entries

Output from what file: HOSPITAL LOCATION
Sort by: NAME// DIVISION
Start with DIVISION: FIRST//
 Within DIVISION, Sort by: LOCATION TYPE;1
 Select LOCATION TYPE: S
 Within LOCATION TYPE, Sort by: NAME
 Start with NAME: FIRST//
 Within NAME, Sort by:

Store Sort logic in Template: GS APU LOC SORT
Are you adding 'GS APU LOC SORT' as a new SORT TEMPLATE? Y

Should Template user be asked to 'Select LOCATION TYPE',
 without special default? NO// N

Should the precise 'Select' value you have entered always be used in sorting by
LOCATION TYPE? YES// Y

First Print FIELD: MEPRS CODE
Then Print FIELD: NAME
Then Print FIELD: PROVIDER
 Then Print PROVIDER SUB-FIELD: PROVIDER;"PROVIDERS"
 Then Print PROVIDER SUB-FIELD:
Then Print FIELD:
Heading: HOSPITAL LOCATION LIST Replace
Footnote:
Store Print logic in Template: GS APU LOC PRINT
Are you adding 'GS APU LOC PRINT' as a new PRINT TEMPLATE? Y

=====

HOSPITAL LOCATION LIST	21 Jun 2001@1630	PAGE 1
------------------------	------------------	--------

MEPRS		
CODE	NAME	PROVIDERS

DIVISION: DIV A - TRAINING HOSPITAL		
LOCATION TYPE: AMBULATORY PROCEDURE UNIT		

BBB5	APU CARDIOVASCULAR	
BAP5	APU DERMATOLOGY	
BBA5	APU GENERAL SURGERY	DOCTOR, AARON
		DOCTOR, BAKER
		DOCTOR, CABO
		DOCTOR, DAVIS
		DOCTOR, EADY